

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045450

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** PINES NEUROLOGICAL ASSOCIATES INC.

**Current Principal Place of Business:**

600 N. HIATUS RD.  
SUITE #201  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

3493 BIRCH TERRACE  
DAVIE, FL 33330

**New Mailing Address:**

FEI Number: 65-1011385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBBINS, DAVID  
3493 BIRCH TERRACE  
DAVIE, FL 33330 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBBINS, DAVID  
Address: 3493 BIRCH TERRACE  
City-St-Zip: DAVIE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A ROBBINS

P

01/19/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date