2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P05000097494

Entity Name: NEUROLOGY & PAIN CENTER, INC.

Current Principal Place of Business:

8451 SHADE AVENUE
STE 108
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 17679
TAMPA, FL 33682

New Mailing Address:

8451 SHADE AVENUE
STE 108
SARASOTA, FL 34243

FEI Number: 20-3169031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WUBBENA, TROY
8533 MANASSAS ROAD
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

WUBBENA, TROY
1525 EAST AMELIA STREET
ORLANDO, FL 32803 US

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: TROY WUBBENA 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WUBBENA, TROY
Address: 8533 MANASSAS ROAD
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WUBBENA, TROY
Address: 1525 EAST AMELIA STREET
City-St-Zip: ORLANDO, FL 32803

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: TROY WUBBENA D 04/29/2009
Electronic Signature of Signing Officer or Director Date