

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000123225

**Entity Name:** NECK & BACK CARE CENTER, INC.

**Current Principal Place of Business:**

912 NE 5TH STREET  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

912 NE 5TH STREET  
CRYSTAL RIVER, FL 34429

**FEI Number: 26-1393298**

**Certificate of Status Desired: No**

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

ED SERRA, CPA  
6118 W. CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DR  
Name OLIVERIO, ANTHONY B  
Address 912 NE 5TH STREET  
City-State-Zip: CRYSTAL RIVER FL 34429

*I hereby 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 all other like empowered.*

**SIGNATURE: ANTHONY B. OLIVERIO DC**

**OWNER**

**03/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date