2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# P01000037380

Entity Name: FLORIDA PAIN & REHABILITATION INSTITUTE, INC.

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY NW
SUITE 225
BOCA RATON, FL 33487

New Principal Place of Business:

5365 WEST ATLANTIC AVENUE
504
DELRAY BEACH, FL 33484

Current Mailing Address:

951 BROKEN SOUND PARKWAY NW
SUITE 225
BOCA RATON, FL 33487

New Mailing Address:

5365 WEST ATLANTIC AVENUE
504
DELRAY BEACH, FL 33484

FEI Number: 65-1092714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIPPER, JEFFREY A MD
234 ALEXANDER PALM ROAD
BOCA RATON, FL 33432 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: PTSD ( ) Delete
Name: ZIPPER, JEFFERY
Address: 234 ALEXANDER PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

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: JEFFREY A ZIPPER PTSD 04/01/2009
Electronic Signature of Signing Officer or Director Date