

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037380

FILED
Apr 04, 2011
Secretary of State

Entity Name: FLORIDA PAIN & REHABILITATION INSTITUTE, INC.

Current Principal Place of Business:

5365 WEST ATLANTIC AVENUE
504
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5365 WEST ATLANTIC AVENUE
504
DELRAY BEACH, FL 33484

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PTSD
Name: ZIPPER, JEFFERY
Address: 234 ALEXANDER PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

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: JEFFREY ZIPPER

PTSD

04/04/2011

Electronic Signature of Signing Officer or Director

Date