

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087606

FILED
Apr 30, 2009
Secretary of State

Entity Name: 4 R PAIN REHABILITATION & HEALTH CLINIC, INC.

Current Principal Place of Business:

601 N CONGRESS, SUITE 420
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4R PAIN, REHABILITATION & HEALTH CLINIC
PO BOX 6747
DELRAY BEACH, FL 334826747

New Mailing Address:

FEI Number: 65-1138078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST FORT, RIGAUD
4657 FRANWOOD DR
DELRAY BEACH, FL 33445 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: DP () Delete
Name: ST FORT, RIGAUD
Address: 601 N CONGRESS, SUITE 420
City-St-Zip: DELRAY BEACH, FL 33445

Title: DV () Delete
Name: ST FORT, YOLAINE L
Address: 601 N CONGRESS, SUITE 420
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RIGAUD ST FORT

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date