

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055080

FILED
Apr 30, 2009
Secretary of State

Entity Name: PAIN AND REHABILITATION PHYSICIANS OF PALM BEACH, INC

Current Principal Place of Business:

1397 MEDICAL PARK BLVD
SUITE 480
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 211375
ROYAL PALM BEACH, FL 33421 US

New Mailing Address:

FEI Number: 42-1538976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUANG, CHARLES S DO
1397 MEDICAL PARK BLVD
#480
WELLINGTON, FL 33414 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: DR () Delete
Name: HUANG, CHARLES S PRESIDE
Address: 1397 MEDICAL PARK BLVD #480
City-St-Zip: WELLINGTON, FL 33414 US

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: CHARLES S HUANG

DR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date