

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134516

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE BACK PAIN INSTITUTE, INC.

Current Principal Place of Business:

3000 STIRLING ROAD
HOLLYWOOD, FL 33012

New Principal Place of Business:

4201 N STATE RD. 7
.SUITE B
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

6919 W BROWARD BLVD
#265
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 22-3887116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHNER, N. SCOTT
6919 W. BROWARD BLVD.
265
PLANTATION, FL 33317 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: PSD () Delete
Name: FISHER, N. SCOTT
Address: 6919 W. BROWARD BLVD. #110
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MENDEZ, KEVIN
Address: 6919 W. BROWARD BLVD. #265
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEVIN MENDEZ

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04/29/2005

Electronic Signature of Signing Officer or Director

Date