

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013546

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** CENTRAL FLORIDA PAIN & SPINE INSTITUTE, P.A.

**Current Principal Place of Business:**

725 W GRANADA BLVD  
UNIT 22  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 731618  
ORMOND BEACH, FL 321731618 US

**New Mailing Address:**

**FEI Number:** 13-4236113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAUERBERG, ERIC M  
200 VILLAGE SQUARE CROSSING  
SUITE 102  
PALM BEACH GARDENS, FL 33410 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: PSTD  
Name: YANAMADULA, DINASH K MD  
Address: 725 W GRANADA BLVD UNIT 22  
City-St-Zip: ORMOND BEACH, FL 32174

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:** DINASH K YANAMADULA MD

MGR

04/30/2010

Electronic Signature of Signing Officer or Director

Date