

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90021 023 ***150.00

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1. Entity Name
BROWARD COUNTY PAIN & REHABILITATION, INC.



Principal Place of Business

950 N.W. 9TH COURT
BOCA RATON, FL 33486

Mailing Address

950 N.W. 9TH COURT
BOCA RATON, FL 33486

2. Principal Place of Business

1701 W Oakland Park Blvd
Suite, Apt. #, etc.
101

3. Mailing Address

1701 W Oakland Park Blvd
Suite, Apt. #, etc.
101

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33319

Country

Broward

Zip

33319

Country

Broward

02282006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-0810420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN P
2499 GLADES ROAD
SUITE 305A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CANTOR, STEVEN R
STREET ADDRESS 265 S. FEDERAL HIGHWAY SUITE 340
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DR.
NAME Cantor, Steven R
STREET ADDRESS 1701 W Oakland PK Blvd
CITY-ST-ZIP Ft. Lauderdale, FL 33319 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven R. Cantor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven R. Cantor

4-4-06 (561) 750-5416

Date

Daytime Phone #