2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032531

Entity Name: BROWARD COUNTY PAIN & REHABILITATION, INC.

FILED Apr 15, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1701 W OAKLAND PARK BLVD 7501 W OAKLAND PARK BLVD

101 #101

FORT LAUDERDALE, FL 33319 LAUDERHILL, FL 33319

Current Mailing Address: New Mailing Address:

1701 W OAKLAND PARK BLVD 7501 W OAKLAND PARK BLVD

01 #101

FORT LAUDERDALE, FL 33319 LAUDERHILL, FL 33319

FEI Number: 20-0810420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DR (X) Change () Addition

Name: CANTOR, STEVEN R Name: CANTOR, STEVEN R

Address: 1701 W OAKLAND PARK BLVD. Address: 7501 W OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33319 City-St-Zip: FORT LAUDERDALE, FL 33319

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: STEVEN CANTOR DR 04/15/2009