2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# P04000082329

Entity Name: NECK AND BACK PAIN TREATMENT CENTER, INC.

Current Principal Place of Business:

3267 W DAVIE BLVD
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3267 W DAVIE BLVD
FT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 35-2232847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURCH, LAURENCE J
17002 GRIFFIN RD
SOUTHWEST RANCHES, FL 33331 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: D ( ) Delete
Name: BURCH, LAURENCE J
Address: 17002 GRIFFIN RD
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: BURCH, JANEANN
Address: 17002 GRIFFIN ROAD
City-St-Zip: S.W. RANCHES, FL 33312 US

Title: S ( ) Change (X) Addition
Name: DEMPSEY, LAURI J
Address: 3267 W. DAVIE BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: T ( ) Change (X) Addition
Name: HILL, STACI L
Address: 3267 W. DAVIE DLVD.
City-St-Zip: FT. LAUDEREDALE, FL 33312 US

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: LAURENCE J. BURCH PREZ 01/03/2005

Electronic Signature of Signing Officer or Director — Date