

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90274 039 ***150.00

DOCUMENT # P04000082329

1. Entity Name

NECK AND BACK PAIN TREATMENT CENTER, INC.



Principal Place of Business

3267 W DAVIE BLVD
FT LAUDERDALE FL 33312

Mailing Address

3267 W DAVIE BLVD
FT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-2232847**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURCH, LAURENCE J

~~17002 GRIFFIN RD~~

~~SOUTHWEST RANCHES FL 33331~~

Name

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

601 NW 103 Ave

Plantation

FL

Zip Code 33324

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BURCH, LAURENCE J
CITY-ST-ZIP ~~17002 GRIFFIN RD~~
~~SOUTHWEST RANCHES FL 33331~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **601 NW 103 Ave**
CITY-ST-ZIP **Plantation FL 33324**

TITLE ☐ Delete
NAME V
STREET ADDRESS BURCH, JANEANN
CITY-ST-ZIP ~~17002 GRIFFIN ROAD~~
~~S.W. RANCHES FL 33312~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **601 NW 103 Ave**
CITY-ST-ZIP **Plantation FL 33324**

TITLE ☐ Delete
NAME S
STREET ADDRESS DEMPSEY, LAURI J
CITY-ST-ZIP 3267 W. DAVIE BLVD.
FT. LAUDERDALE FL 33312

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

TITLE ☐ Delete
NAME T
STREET ADDRESS HILL, STACI L
CITY-ST-ZIP 3267 W. DAVIE DLVD.
FT. LAUDERDALE FL 33312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06 954-587-5700

Date

Daytime Phone #