

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082329

FILED
Apr 12, 2007
Secretary of State

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:

610 N.W. 103 AVENUE
PLANTATION, FL 33324

Current Mailing Address:

3267 W DAVIE BLVD
FT LAUDERDALE, FL 33312

New Mailing Address:

601 N.W. 103 AVENUE
PLANTATION, FL 33324

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
601 NW 103 AVE
PLANTATION, FL 33324 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: 601 NW 103 AVE
City-St-Zip: PLANTATION, FL 33324

Title: V () Delete
Name: BURCH, JANEANN
Address: 601 N.W. 103 AVE
City-St-Zip: PLANTATION, FL 33324 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PREZ (X) Change () Addition
Name: BURCH, LAURENCE J
Address: 601 NW 103 AVE
City-St-Zip: PLANTATION, FL 33324

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

Title: S (X) Change () Addition
Name: DEMPSEY, LAURI J
Address: 601 N. W. 103 AVENUE
City-St-Zip: PLANTATION, FL 33324 US

Title: T (X) Change () Addition
Name: HILL, STACI L
Address: 601 N.W. 103 AVENUE
City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURENCE JOHN BURCH

PREZ

04/12/2007

Electronic Signature of Signing Officer or Director

Date