2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000082329

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

FILED Apr 08, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

610 N.W. 103 AVENUE 2045 N. UNIVERSITY DRIVE

PLANTATION, FL 33324 SUNRISE, FL 33322

Current Mailing Address: New Mailing Address:

610 N.W. 103 AVENUE 2045 N. UNIVERSITY DRIVE

PLANTATION, FL 33324 SUNRISE, FL 33322

FEI Number: 35-2232847 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:

BURCH, LAURENCE J 601 NW 103 AVE

PLANTATION, FL 33324 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: LAURENCE J. BURCH

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PREZ

 Name:
 BURCH, LAURENCE J

 Address:
 601 NW 103 AVE

 City-St-Zip:
 PLANTATION, FL 33324

Title: \

Name: BURCH, JANEANN Address: 601 N.W. 103 AVE

City-St-Zip: PLANTATION, FL 33324 US

Title: S

 Name:
 DEMPSEY, LAURI J

 Address:
 601 N. W. 103 AVENUE

 City-St-Zip:
 PLANTATION, FL 33324 US

Title: 7

Name: HILL, STACI L

Address: 601 N.W. 103 AVENUE City-St-Zip: PLANTATION, FL 33324 US

I hereby 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 all other like empowered.

SIGNATURE: LAURENCE J. BURCH PRES 04/08/2010