2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2011
Secretary of State

DOCUMENT# P04000082329

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

Current Principal Place of Business:

2045 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

2045 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

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
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

OFFICERS AND DIRECTORS:

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

Title: V
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: T
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 PREZ 02/14/2011

Electronic Signature of Signing Officer or Director Date