

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108502

FILED
Apr 27, 2005
Secretary of State

Entity Name: HILLSBORO PAIN & REHAB CENTER, INC.

Current Principal Place of Business:

2247 W HILLSBORO BLVD
DEERFIELD BCH, FL 33442

New Principal Place of Business:

Current Mailing Address:

2247 W HILLSBORO BLVD
DEERFIELD BCH, FL 33442

New Mailing Address:

FEI Number: 03-0544517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDEBROOK, WILLIAM
2247 W HILLSBORO BLVD
DEERFIELD BCH, FL 33442 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: VANDERBROOK, WILLIAM
Address: 425 SW 7TH AVE
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: VANDERBROOK, JESSICA
Address: 425 SW 7TH AVE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: WILLIAM VANDERBROOK

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date