

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124142

FILED
Mar 31, 2009
Secretary of State

Entity Name: SEBRING PAIN MANAGEMENT & REHABILITATION CENTER, INC.

Current Principal Place of Business:

4210 BUNKER DRIVE
SEBRING, FL 33872 US

New Principal Place of Business:

Current Mailing Address:

4210 BUNKER DRIVE
SEBRING, FL 33872 US

New Mailing Address:

FEI Number: 42-1643567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECONY, SCOTT R
401 DAL HALL BLVD
LAKE PLACID, FL 33852 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: P () Delete
Name: REID, WITFORD L MD
Address: 4210 BUNKER DRIVE
City-St-Zip: SEBRING, FL 33872 US

Title: VP () Delete
Name: REID, INGA P
Address: 4210 BUNKER DRIVE
City-St-Zip: SEBRING, FL 33872 US

Title: S () Delete
Name: REID, WITFORD L MD
Address: 4210 BUNKER DRIVE
City-St-Zip: SEBRING, FL 33872 US

Title: T () Delete
Name: REID, WITFORD L MD
Address: 4210 BUNKER DRIVE
City-St-Zip: SEBRING, FL 33872 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: WITFORD REID

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date