2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P04000158005

Entity Name: SOUTH FLORIDA PAIN AND REHABILITATION OF WEST BROWARD, INC.

Current Principal Place of Business:

7501 W OAKLAND PARK BLVD
#101
LAUDERHILL, FL 33319

New Principal Place of Business:

3462 N UNIVERSITY DRIVE
SUNRISE, FL 33151

Current Mailing Address:

18339 NE 19TH AVE
N MIAMI BCH, FL 33179

New Mailing Address:

3462 N UNIVERSITY DRIVE
SUNRISE, FL 33151

FEI Number: 34-2024375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEDER, DANNY S
18339 NE 19TH AVE
N MIAMI BCH, FL 33179 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: FEDER, DANNY S
Address: 18339 NE 19TH AVE
City-St-Zip: N MIAMI BCH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DANNY FEDER PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date