2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# P04000158005

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

Current Principal Place of Business:

3462 N UNIVERSITY DRIVE
SUNRISE, FL 33151

New Principal Place of Business:

3537 N PINE ISLAND ROAD
SUNRISE, FL 33351

Current Mailing Address:

3462 N UNIVERSITY DRIVE
SUNRISE, FL 33151

New Mailing Address:

1600 S FEDERAL HWY
390
POMPANO BEACH, FL 33062

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

OFFICERS AND DIRECTORS:

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

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: DANNY FEDER PRES 01/05/2012

Electronic Signature of Signing Officer or Director Date