2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# P05000042194

Entity Name: HOPE CENTER FOR PAIN MANAGEMENT AND RECOVERY, INC.

Current Principal Place of Business:

11211 PROSPERITY FARMS RD.
STE B205
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

9816 S MILITARY TRAIL
STE C5
BOYNTON BEACH, FL 33436 US

Current Mailing Address:

9733 ERICA CT
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 20-2527078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RABINSKY, LISA
9733 ERICA CT
BOCA RATON, FL 33496 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,P ( ) Delete
Name: RABINSKY, ISRAEL
Address: 9733 ERICA CT.
City-St-Zip: BOCA RATON, FL 33496 US

Title: D,S ( ) Delete
Name: RABINSKY, LISA
Address: 9733 ERICA CT
City-St-Zip: BOCA RATON, FL 33496 US

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 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: LISA RABINSKY D,S 01/21/2008

Electronic Signature of Signing Officer or Director Date