

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097494

FILED  
May 01, 2008  
Secretary of State

Entity Name: NEUROLOGY & PAIN CENTER, INC.

## Current Principal Place of Business:

8451 SHADE AVENUE  
STE 108  
SARASOTA, FL 34243

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 17679  
TAMPA, FL 33682

## New Mailing Address:

FEI Number: 20-3169031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WUBBENA, TROY  
11534 CASA MARINA WAY #103  
TAMPA, FL 33635 US

## Name and Address of New Registered Agent:

WUBBENA, TROY  
8533 MANASSAS ROAD  
TAMPA, FL 33635 US

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: TROY WUBBENA

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WUBBENA, TROY  
Address: 11534 CASA MARINA WAY #103  
City-St-Zip: TAMPA, FL 33635

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WUBBENA, TROY  
Address: 8533 MANASSAS ROAD  
City-St-Zip: TAMPA, FL 33635

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: TROY WUBBENA

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date