

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117746

FILED
Apr 30, 2012
Secretary of State

Entity Name: PREMIER SPINE AND REHAB CENTER, INC.

Current Principal Place of Business:

3940 METRO PARKWAY
STE. 103
FORT MYERS, FL 33916

New Principal Place of Business:

1490 SOUTH MILITARY TRAIL
SUITE # 6
WEST PALM BEACH, FL 33415

Current Mailing Address:

990 SOUTH CONGRESS AVE
STE. 1
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DELVA, FEGHENS
990 SOUTH CONGRESS AVE
STE 1
DELRAY BEACH, FL 33445 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: P
Name: DELVA, FEGHENS
Address: 990 SOUTH CONGRESS AVE #1
City-St-Zip: DELRAY BEACH, FL 33445

Title: D
Name: GILWIT, NEIL
Address: 12677 CLASSIC DR
City-St-Zip: CORAL SPRINGS, FL 33071

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: NEIL GILWIT

D

04/30/2012

Electronic Signature of Signing Officer or Director

Date