## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000152266

Entity Name: PAIN MANAGMENT AND SPINE CARE CENTER, P. A

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14347 BARRACUDA RUN 12130 CORTEZ BLVD SPRINGHILL, FL 34609 BROOKSVILLE, FL 34613

Current Mailing Address: New Mailing Address:

14347 BARRACUDA RUN 12130 CORTEZ BLVD SPRINGHILL, FL 34609 BROOKSVILLE, FL 34613

FEI Number: 06-1760802 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALSABBAGH, EYAD

14347 BARRACUDA RUN

SPRINGHILL, FL 34609 US

ALSABBAGH, EYAD

12130 CORTEZ BLVD

BROKSVILLE, FL 34613 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: 04/24/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M.D ( ) Delete Title: M.D (X) Change ( ) Addition

 Name:
 ALSABBAGH, EYAD
 Name:
 ALSABBAGH, EYAD

 Address:
 14347 BARRACUDA RUN
 Address:
 12130 CORTEZ BLVD

 City-St-Zip:
 SPRINGHILL, FL 34609
 City-St-Zip:
 BROOKSVILLE, FL 34613

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: EYAD ALSABBAGH PRES 04/24/2008