

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000152266

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

12130 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

12148 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

12130 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**New Mailing Address:**

12148 CORTEZ BLVD  
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:**

ALSABBAGH, EYAD  
12130 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

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

ALSABBAGH, EYAD  
12148 CORTEZ BLVD  
BROOKSVILLE, 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: EYAD ALSABBAGH

04/07/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: M.D  
Name: ALSABBAGH, EYAD  
Address: 12148 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613

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: EYAD ALSABBAGH

MD

04/07/2010

Electronic Signature of Signing Officer or Director

Date