2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000160952

Entity Name: BROWARD PAIN & REHAB, P.A.

FILED Aug 20, 2009 Secretary of State

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

4974 W ATLANTIC BLVD MARGATE, FL 33063

Current Mailing Address: New Mailing Address:

4974 W ATLANTIC BLVD MARGATE, FL 33063

FEI Number: 20-3920577 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:

CANESTRALE, DAVID J SPIRELLI, DEAN A 4974 W ATLANTIC BLVD 4974 W ATLANTIC BLVD MARGATE, FL 33063 US MARGATE, FL 33063

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: DEAN A. SPIRELLI 08/20/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition CANESTRALE, DAVID J SPIRELLI, DEAN A PRES Name: Name: 4974 W ATLANTIC BLVD 4974 W ATLANTIC BLVD Address: Address: City-St-Zip:

MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 US

Title: () Delete Title: VP () Change (X) Addition Name: Name: SPIRELLI, PHYLLIS Address: Address: 4974 WEST ATLANTIC BLVD MARGATE, FL 33063 US City-St-Zip: 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: DEAN A. SPIRELLI **PRES** 08/20/2009