2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2010
Secretary of State

DOCUMENT# P05000160952

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

Current Principal Place of Business:

4974 W ATLANTIC BLVD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

4974 W ATLANTIC BLVD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-3920577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIRELLI, DEAN A
4974 W ATLANTIC BLVD
MARGATE, FL 33063 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: SPIRELLI, DEAN A PRES
Address: 4974 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063 US

Title: VP
Name: SPIRELLI, PHYLLIS
Address: 4974 WEST ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063 US

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: DEAN A. SPIRELLI PRES 01/14/2010

Electronic Signature of Signing Officer or Director — Date