

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011165

FILED
Mar 24, 2009
Secretary of State

Entity Name: C R NOBACK ANESTHESIA & PAIN MANAGEMENT, INC

Current Principal Place of Business:

5889 NW 23RD TERRACE
BOCA RATON, FL 33496

New Principal Place of Business:

17902 MONTE VISTA DR.
BOCA RATON, FL 33496

Current Mailing Address:

5889 NW 23RD TERRACE
BOCA RATON, FL 33496

New Mailing Address:

17902 MONTE VISTA DR.
BOCA RATON, FL 33496

FEI Number: 20-4155173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBACK, CARL R
5889 NW 23RD TERRACE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

NOBACK, CARL R
17902 MONTE VISTA DR.
BOCA RATON, FL 33496 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOBACK, CARL R
Address: 5889 NW 23RD TERRACE
City-St-Zip: BOCA RATON, FL 33496 US

Title: VP () Delete
Name: NOBACK, CARL R
Address: 5889 NW 23RD TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: T () Delete
Name: NOBACK, CARL R
Address: 5889 NW 23RD TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: S () Delete
Name: NOBACK, CARL R
Address: 5889 NW 23RD TERRACE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOBACK, CARL R
Address: 17902 MONTE VISTA DR.
City-St-Zip: BOCA RATON, FL 33496 US

Title: VP (X) Change () Addition
Name: NOBACK, CARL R
Address: 17902 MONTE VISTA DR.
City-St-Zip: BOCA RATON, FL 33496

Title: T (X) Change () Addition
Name: NOBACK, CARL R
Address: 17902 MONTE VISTA DR.
City-St-Zip: BOCA RATON, FL 33496

Title: S (X) Change () Addition
Name: NOBACK, CARL R
Address: 17902 MONTE VISTA DR.
City-St-Zip: BOCA RATON, FL 33496

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: CARL R. NOBACK

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date