

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028942

FILED
Mar 08, 2007
Secretary of State

Entity Name: THE CENTER FOR BACK PAIN MANAGEMENT INC

Current Principal Place of Business:

134 MADEIRA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

8188 JOG ROAD SUITE 102
BOYNTON BEACH, FL 33437

Current Mailing Address:

134 MADEIRA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

8188 JOG ROAD SUITE 102
BOYNTON BEACH, FL 33437

FEI Number: 20-4398382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINELLI, VINCENT
10351 NW 11 COURT
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

MARTINELLI, VINCENT
8188 JOG ROAD SUITE 102
BOYNTON BEACH, FL 33437 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: VINCENT MARTINELLI

03/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTINELLI, VINCENT
Address: 134 MADEIRA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: RENNELLA, FERNANDO
Address: 134 MADEIRA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINELLI, VINCENT
Address: 8188 JOG ROAD SUITE 102
City-St-Zip: BOYNTON ROAD, FL 33437

Title: VP (X) Change () Addition
Name: RENNELLA, FERNANDO
Address: 1553 TREVINO AVE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: VINCENT MARTINELLI

P

03/08/2007

Electronic Signature of Signing Officer or Director

Date