2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P06000028942

Entity Name: THE CENTER FOR BACK PAIN MANAGEMENT INC

Current Principal Place of Business:

8188 JOG ROAD SUITE 102
BOYNTON BEACH, FL 33437

New Principal Place of Business:

800 EAST CYPRESS CREEK RD
203
FT. LAUDERDALE, FL 33334

Current Mailing Address:

8188 JOG ROAD SUITE 102
BOYNTON BEACH, FL 33437

New Mailing Address:

800 EAST CYPRESS CREEK RD
203
FT. LAUDERDALE, FL 33334

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
8188 JOG ROAD SUITE 102
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

MARTINELLI, VINCENT
800 EAST CYPRESS CREEK RD
203
FT. LAUDERDALE, FL 33334 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: 03/04/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: MARTINELLI, VINCENT
Address: 8188 JOG ROAD SUITE 102
City-St-Zip: BOYNTON ROAD, FL 33437

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: MARTINELLI, VINCENT
Address: 800 EAST CYPRESS CREEK RD
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: ( ) Change ( ) Addition
Name:
Address:
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: VINCENT MARTINELLI P 03/04/2009
Electronic Signature of Signing Officer or Director — Date