2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# P06000028942

Entity Name: THE CENTER FOR BACK PAIN MANAGEMENT INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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: VINCE MARTINELLI PRES 04/15/2011

Electronic Signature of Signing Officer or Director Date