

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000028942

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**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

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date