2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P07000123225

Entity Name: NECK & BACK CARE CENTER, INC.

Current Principal Place of Business:

255 SOUTHEAST 7TH AVE SUITE 3
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

912 NE 5TH STREET
CRYSTAL RIVER, FL 34429

Current Mailing Address:

255 SOUTHEAST 7TH AVE SUITE 3
CRYSTAL RIVER, FL 34429

New Mailing Address:

912 NE 5TH STREET
CRYSTAL RIVER, FL 34429

FEI Number: 26-1393298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: OLIVERIO, ANTHONY B
Address: 255 SOUTHEAST 7TH AVE SUITE 3
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: OLIVERIO, ANTHONY B
Address: 912 NE 5TH STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

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: ANTHONY B. OLIVERIO DR. 06/16/2009

Electronic Signature of Signing Officer or Director — Date