

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039017

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** POMPANO BEACH PAIN & REHABILITATION, INC

**Current Principal Place of Business:**

18339 NE 19TH AVE,  
NORTH MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

1800 N FEDERAL HWY, SUITE 105  
POMPANO BEACH, FL 33062 US

**Current Mailing Address:**

18339 NE 19TH AVE,  
NORTH MIAMI BEACH, FL 33179 US

**New Mailing Address:**

**FEI Number:** 26-2454411      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FEDER, DANNY S D.C  
18339 NE 19TH AVE  
NORTH MIAMI BEACH, FL 33179 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FEDER, DANNY S D.C  
Address: 18339 NE 19TH AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DANNY FEDER

PRES

04/23/2009

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

\_\_\_\_\_  
Date