

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047518

FILED
Jan 07, 2010
Secretary of State

Entity Name: BOYNTON SPINE INJURY CENTER, INC.

Current Principal Place of Business:

444 WEST BOYNTON BEACH BOULEVARD
EAST WING
BOYNTON BEACH, FL 33435

New Principal Place of Business:

5800 N. FEDERAL HWY.
SUITE 4
BOCA RATON, FL 33487

Current Mailing Address:

444 WEST BOYNTON BEACH BOULEVARD
EAST WING
BOYNTON BEACH, FL 33435 US

New Mailing Address:

5800 N. FEDERAL HWY.
SUITE 4
BOCA RATON, FL 33487

FEI Number: 80-0183856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINKELSTEIN, MICHAEL D.C.
444 WEST BOYNTON BEACH BOULEVARD
EAST WING
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

FINKELSTEIN, MICHAEL D.C.
5800 N. FEDERAL HWY.
SUITE 4
BOCA RATON, FL 33487 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: MICHAEL FINKELSTEIN

01/07/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: FINKELSTEIN, MICHAEL D.C.
Address: 5800 N. FEDERAL HWY. SUITE 4
City-St-Zip: BOCA RATON, FL 33487 US

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: MICHAEL FINKELSTEIN

PRES

01/07/2010

Electronic Signature of Signing Officer or Director

Date