

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047518

FILED
Mar 21, 2011
Secretary of State

Entity Name: BOYNTON SPINE INJURY CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

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

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

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Address: 5800 N. FEDERAL HWY. SUITE 4
City-St-Zip: BOCA RATON, FL 33487 UN

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

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

03/21/2011

Electronic Signature of Signing Officer or Director

Date