

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000073402

**FILED**  
**Feb 07, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA BRAIN INSTITUTE & CENTER FOR SPINE INSTITUTE INC.

**Current Principal Place of Business:**

233 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

868 106TH AVENUE NORTH  
NAPLES, FL 34108 US

**Current Mailing Address:**

233 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

868 106TH AVENUE NORTH  
NAPLES, FL 34108 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PHAM, CHRISTOPHER J  
233 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

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

PHAM, CHRISTOPHER J  
868 106TH AVENUE NORTH  
NAPLES, FL 34108 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: DR. CHRISTOPHER PHAM

02/07/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PHAM, CHRISTOPHER J  
Address: 233 NORTH UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024 US

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

Title: PD (X) Change ( ) Addition  
Name: PHAM, CHRISTOPHER J DR  
Address: 868 106TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34108 US

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: DR. CHRISTOPHER PHAM

PD

02/07/2009

Electronic Signature of Signing Officer or Director

Date