

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074407

FILED
Feb 06, 2009
Secretary of State

Entity Name: NEUROSURGERY AND PAIN MANAGEMENT CLINIC OF FLORIDA, INC.

Current Principal Place of Business:

1550 NE MIAMI GARDENS DRIVE, SUITE 305
MIAMI BEACH, FL 33179

New Principal Place of Business:

2151 EAST COMMERCIAL BLVD.
204
FORT LAUDERDALE, FL 33308

Current Mailing Address:

1550 NE MIAMI GARDENS DRIVE, SUITE 305
MIAMI BEACH, FL 33179

New Mailing Address:

2151 EAST COMMERCIAL BLVD.
204
FORT LAUDERDALE, FL 33308

FEI Number: 26-3140627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, GENE S ATTY
1550 NE MIAMI GARDENS DRIVE, SUITE 305
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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: PHAM, CHRISTOPHER DR.
Address: 2151 EAST COMMERCIAL BLVD. SUITE 204
City-St-Zip: FORT LAUDERDALE, FL 33308

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

02/06/2009

Electronic Signature of Signing Officer or Director

Date