2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 09, 2010
Secretary of State

DOCUMENT# P08000074407

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

Current Principal Place of Business:

2151 EAST COMMERCIAL BLVD.
204
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2151 EAST COMMERCIAL BLVD.
204
FORT LAUDERDALE, FL 33308

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: MGRM
Name: BOGDAN, MAUREEN
Address: 2151 E COMMERCIAL BLVD. SUITE 204
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR
Name: CARDACI, DAVID
Address: 2151 E COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33308

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: MAUREEN BOGDAN MGRM 03/09/2010

Electronic Signature of Signing Officer or Director Date