2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# P09000033444

Entity Name: PALM COAST SPINE & REHAB INC

Current Principal Place of Business:

84 PINNACLES DRIVE
BLDG A, SUITE 300
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

84 PINNACLES DRIVE
BLDG A, SUITE 300
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 26-4671900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMCHAK, MICHAEL
84 PINNACLES DRIVE
BLDG A, SUITE 300
PALM COAST, FL 32164 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: DEMCHAK, MICHAEL
Address: 84 PINNACLES DRIVE, BLDG A, SUITE 300
City-St-Zip: PALM COAST, FL 32164

Title: VP
Name: DEMCHAK, MARIA
Address: 84 PINNACLES DRIVE, BLDG A, SUITE 300
City-St-Zip: PALM COAST, FL 32164

Title: S
Name: DEMCHAK, MICHAEL P
Address: 84 PINNACLES DRIVE, BLDG A, SUITE 300
City-St-Zip: PALM COAST, FL 32164

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 DEMCHAK MGRM 04/30/2011

Electronic Signature of Signing Officer or Director — Date