

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000072403

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** DEERFIELD BACK PAIN REHAB CORP

**Current Principal Place of Business:**

3401 DEER CREEK COUNTRY CLUB BLVD  
DEERFIELD BEACH, US 33442 US

**New Principal Place of Business:**

3401 DEER CREEK COUNTRY CLUB BLVD  
2  
DEERFIELD BEACH, US 33442 US

**Current Mailing Address:**

3401 DEER CREEK COUNTRY CLUB BLVD  
DEERFIELD BEACH, US 33442 US

**New Mailing Address:**

3401 DEER CREEK COUNTRY CLUB BLVD  
2  
DEERFIELD BEACH, US 33442 US

**FEI Number:** 45-3007000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ZAMBUTO, GERLANDO  
3401 DEER CREEK COUNTRY CLUB BLVD  
DEERFIELD BEACH, FL 33442 US

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

ZAMBUTO, GERLANDO  
3401 DEER CREEK COUNTRY CLUB BLVD  
2  
DEERFIELD BEACH, FL 33442 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:**

02/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ZAMBUTO, GERLANDO  
**Address:** 3401 DEER CREEK COUNTRY CLUB BLVD  
**City-St-Zip:** DEERFIELD BEACH, US 33442 US

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:** ZAMBUTO GERLANDO

P

02/17/2012

Electronic Signature of Signing Officer or Director

Date