


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90001 043 ***150.00

DOCUMENT # P95000096899					
1. Entity Name THE NEUROMUSCULAR PAIN RELIEF CENTER OF FORT LAUDERDALE INC					
Principal Place of Business 5975 N FEDERAL HWY SUITE 244 FT LAUDERDALE, FL 33308			Mailing Address 5975 N FEDERAL HWY SUITE 244 FT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0632260	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICRESCENZO, ANGELA 665 SE 10TH ST 201 LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Deerfield Bch FL Zip Code 33441		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Angela D. Crescenzo</i> DATE: 1/31/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALLE, MICHAEL P 5975N FEDERAL HWY STE 224 FT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Michael Malle</i>			2/2/2008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		