2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P95000096899

Entity Name: THE NEUROMUSCULAR PAIN RELIEF CENTER OF FORT LAUDERDALE INC

Current Principal Place of Business:

5975 N FEDERAL HWY
SUITE 244
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5975 N FEDERAL HWY
SUITE 244
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0632260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICRESCENZO, ANGELA
665 SE 10TH ST
201
DEERFIELD BEACH, FL 33441 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: D ( ) Delete
Name: MALLE, MICHAEL P
Address: 5975N FEDERAL HWY STE 224
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MALLE MICHAEL P 02/06/2009

Electronic Signature of Signing Officer or Director — Date