


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90009 044 ***150.00

DOCUMENT # P96000073744

1. Entity Name
SPORTS PAIN & SPINAL REHAB INC.



Principal Place of Business
**2500 RHODE ISLAND AV #A
 FORT PIERCE, FL 34950**

Mailing Address
**P.O. BOX 1118
 FORT PIERCE, FL 34954-1118 US**

54061133

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
P.O. Box 30277
 Suite, Apt. #, etc.
Palm Beach Gardens FL
 Zip **33420-0277** County **Palm Beach**



06142004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**THAKAR, GAUTAM D
 349 KING FISHER DRIVE /
 JUPITER, FL 33458**

4. FEI Number
65-0708365

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

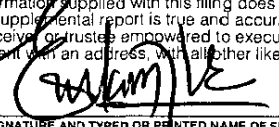
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	THAKAR, GAUTAM D.	
STREET ADDRESS	349 KING FISHER DRIVE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUKESH D-BHAT, M-D	
STREET ADDRESS	2298 S.W. Goldenbear way	
CITY-ST-ZIP	Palm city, FL-34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **GAUTAM D. THAKAR** 7/6/04 (772)484-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

~~Attachment~~
Sports Pain & Spinal Rehab Inc.

5/06/133

P. O. Box ~~1118~~ 30277

Palm Beach Gardens, ~~Fort Pierce~~, FL ~~34954-1118~~ 33420-0277

Phone: (561) 489-8585 Fax: (561) 489-8411

~~Phone: (561) 489-4001~~

P96000073744

July 6, 2004

Division of Corporations

P.O.B. 1500

~~Tallahassee, FL 32302-1500~~

Gentlemen:

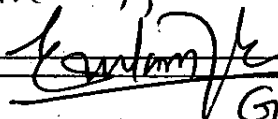
Re- 2004 For Profit Corporation
Annual Report

Document P96000073744
NO.

Sports Pain & Spinal Rehab Inc

Enclosed please find above report for 2004 renewed
with our check for ~~\$150~~ being the filing fees.
Late filing of this report resulted from nonreceipt
of the requisite form from you, which, on phone
inquiry with your office was given to understand was
returned to you, perhaps because of our change of
address. Sorry for the inconvenience. Thanks for assisting
us to send the form at our ~~right~~ address - which is
being filed now.

Sincerely,



Gauram D. Thakur