

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073744

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: SPORTS PAIN & SPINAL REHAB INC.

**Current Principal Place of Business:**

2500 RHODE ISLAND AV #A  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 30277  
PALM BEACH GARDENS, FL 33420 US

**New Mailing Address:**

FEI Number: 65-0708365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THAKAR, GAUTAM D  
349 KING FISHER DRIVE  
JUPITER, FL 33458 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: PVPS ( ) Delete  
Name: BHATT, MUKESH D  
Address: 2298 SW GOLDEN BEAR WAY  
City-St-Zip: PALM CITY, FL 34990

**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: MUKESH D.BHATT

PVPS

04/09/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date