

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086885

FILED
Jul 03, 2008
Secretary of State

Entity Name: REHAB & PAIN MANAGEMENT SERVICES, P.A.

Current Principal Place of Business:

1630 MEDICAL LN , SUITE A&B
SUITE A & B
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1630 MEDICAL LN , SUITEA&B
SUITE A & B
FORT MYERS, FL 33907

New Mailing Address:

1630 MEDICAL LN , SUITE A&B
SUITE A & B
FORT MYERS, FL 33907

FEI Number: 65-0705233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, NEIL R M.D.
1630 MEDICAL LN STE , SUITEA&B
SUITE A & B
FORT MYERS, FL 33907 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: DR () Delete
Name: SCHULTZ, NEIL M.D.
Address: 1630 MEDICAL LN , SUITE A&B
City-St-Zip: FORT MYERS, FL 33907

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: NEIL R. SCHULTZ

DR

07/03/2008

Electronic Signature of Signing Officer or Director

Date