2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

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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:

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

Current Mailing Address:

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

New Mailing Address:

1630 MEDICAL LANE
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 MD 04/21/2009

Electronic Signature of Signing Officer or Director — Date