2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P98000050571

Entity Name: SOUTH MIAMI PAIN & REHAB CENTER, INC.

Current Principal Place of Business:

8415 CORAL WAY
SUITE 204
MIAMI, FL 33155

New Principal Place of Business:

468 W 51 STREET
HIALEAH, FL 33012

Current Mailing Address:

8415 CORAL WAY
SUITE 204
MIAMI, FL 33155

New Mailing Address:

468 W 51 STREET
HIALEAH, FL 33012

FEI Number: 65-0840771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELACRUZ, ANTHONY PRES
8415 CORAL WAY
STE 204
MIAMI, FL 33155 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: REY, RAFAEL R V,P
Address: 8415 CORAL WAY, STE 204
City-St-Zip: MIAMI, FL 33155

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: REY, RAFAEL R P
Address: 468 W 51 STREET
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Change (X) Addition
Name: DELACRUZ, ANTHONY VP
Address: 468 W 51 STREET
City-St-Zip: HIALEAH, FL 33012

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: ANTHONY DELACRUZ VP 04/29/2009

Electronic Signature of Signing Officer or Director — Date