

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028532

FILED
Jan 25, 2010
Secretary of State

Entity Name: PALM BEACH SPINE & PAIN INSTITUTE, P.A.

Current Principal Place of Business:

2290 TENTH AVE. NORTH
SUITE 600
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

2290 TENTH AVE. NORTH
SUITE 600
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-0904357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, MARTIN V ESQ.
625 NORTH FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

GORFINE, LAWRENCE S M.D.
2290 TENTH AVE. NORTH
SUITE 600
LAKE WORTH, FL 33461 US

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: LAWRENCE GORFINE, M.D.

01/25/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: GORFINE, LAWRENCE S M.D.
Address: 2290 TENTH AVE. NORTH, SUITE 600
City-St-Zip: LAKE WORTH, FL 33461

Title: D
Name: MACLEAR, DOUGLAS
Address: 2290 TENTH AVE. NORTH, SUITE 600
City-St-Zip: LAKE WORTH, FL 33461

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE GORFINE, M.D.

PRES

01/25/2010

Electronic Signature of Signing Officer or Director

Date