

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087870

FILED
Apr 22, 2008
Secretary of State

Entity Name: ARTHRITIS AND BACK PAIN CENTERS, INC.

Current Principal Place of Business:

8415 CORAL WAY
STE 204
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8415 CORAL WAY
STE 204
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0954039 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REY, RAFAEL R DR.
7101 SW 78TH COURT
MIAMI, FL 33143 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: PSD () Delete
Name: REY, RAFAEL R DR.
Address: 7101 SW 78TH CT
City-St-Zip: MIAMI, FL 33143

Title: VTD () Delete
Name: DEL LA CRUZ, ANTHONY DR.
Address: 401 LAYNE BLVD
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: DE LA CRUZ, ANTHONY DR.
Address: 401 LAYNE BLVD
City-St-Zip: HALLANDALE, FL 33009

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

VTD

04/22/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date