

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087870

Entity Name: ARTHRITIS AND BACK PAIN CENTERS, INC.

FILED  
Mar 24, 2009  
Secretary of State

**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: DE LA CRUZ, ANTHONY DR.  
Address: 401 LAYNE BLVD  
City-St-Zip: HALLANDALE, FL 33009

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: WILLIAMS, LOURDES  
Address: 8415 CORAL WAY #204  
City-St-Zip: MIAMI, FL 33155

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: LOURDES WILLIAMS

MGR

03/24/2009

Electronic Signature of Signing Officer or Director

Date