2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48199

FILED Feb 09, 2009 Secretary of State

Entity Name: FLORIDA BRACING CENTERS, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|--|--|---|--|
| 01 N FEDER | RAL HIGHV | VAY | | |
| C : LAUDERE | DALE, FL 3: | 3304 | | |
| ırrent Maili | na Addres: | s: | New Mailing Address | s: |
| 01 N FEDEI | _ | | 9 / | |
| С | | | | |
| . LAUDERD | DALE, FL 3 | 3304 | | |
| l Number: 65- | 0340218 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| me and Ad | ldress of C | urrent Registered Agent: | Name and Address of | of New Registered Agent: |
| ATTERN, JA 01 N. FEDE | RAL HWY | | | |
| e above nar | ned entity s | ubmits this statement for the | purpose of changing its registere | d office or registered agent, or both |
| e above nar the State of | med entity s Florida. | | | d office or registered agent, or both Date |
| e above nar the State of GNATURE: | med entity s Florida. ———————————————————————————————————— | ubmits this statement for the ic Signature of Registered Ag | | |
| the State of GNATURE: | med entity s Florida. Electroni | ic Signature of Registered Ac | gent | d office or registered agent, or both, Date ES TO OFFICERS AND DIRECTO |
| e above nar the State of GNATURE: ction Campai FFICERS AI e: P ne: M/ dress: 19 | med entity s Florida. Electroni ign Financing | ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete ES | gent | Date |
| e above nar the State of GNATURE: ction Campai FFICERS AI e: P ne: M/ lress: 19 r-St-Zip: VE e: T ne: EC lress: 53 | med entity s Florida. Electroni ign Financing ND DIRECT () ATTERN, JAM 241 CLUB DR ERO BEACH, F | ic Signature of Registered Ag Trust Fund Contribution (). FORS: Delete ES FL 32963 Delete NALD | gent ADDITIONS/CHANGI Title: Name: Address: | Date ES TO OFFICERS AND DIRECTO |

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: JAMES MATTERN P 02/09/2009