

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000096768

**Entity Name:** BERKOWER PAIN & SPINE REHABILITATION, INC

**Current Principal Place of Business:**

1 SW 129TH AVENUE,  
SUITE 305  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

1 SW 129TH AVENUE,  
SUITE 305  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 27-4188564

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BERKOWER, EVE  
3841 N. 44 AVENUE  
HOLLYWOOD, FL 33021 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:** EVE BERKOWER

01/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P,S  
Name BERKOWER, DAVID L  
Address 3841 N. 44 AVENUE  
City-State-Zip: HOLLYWOOD FL 33021

*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:** DAVID BERKOWER

MANAGER

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date