

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000096899

**Entity Name:** THE NEUROMUSCULAR PAIN RELIEF CENTER OF FORT LAUDERDALE INC

**Current Principal Place of Business:**

5975 N FEDERAL HWY  
SUITE 244  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

5975 N FEDERAL HWY  
SUITE 244  
FT LAUDERDALE, FL 33308

**FEI Number:** 65-0632260

**Certificate of Status Desired:** No

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

DELGADO, ANGELA  
665 SE 10TH ST  
201  
DEERFIELD BEACH, FL 33441 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name MALLE, MICHAEL P  
Address 5975N FEDERAL HWY STE 224  
City-State-Zip: FT LAUDERDALE FL 33308

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:** MICHAEL MALLE

**DIRECTOR**

**03/01/2016**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date