2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2013
Secretary of State
CC2622555388

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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 02/01/2013

Electronic Signature of Signing Officer/Director Detail — Date