

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073744

Entity Name: SPORTS PAIN & SPINAL REHAB INC.

Current Principal Place of Business:

2500 RHODE ISLAND AV #A
FORT PIERCE, FL 34947

Current Mailing Address:

P.O. BOX 30277
PALM BEACH GARDENS, FL 33420 US

FEI Number: 65-0708365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THAKAR, GAUTAM D
349 KING FISHER DRIVE
JUPITER, FL 33458 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 PT
Name BHATT, MUKESH D
Address 2298 SW GOLDEN BEAR WAY
City-State-Zip: PALM CITY FL 34990

Title VPS
Name BHATT, BHARATI M
Address 2298 SW GOLDEN BEAR WAY
City-State-Zip: PALM CITY FL 34990

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: MUKESH D. BHATT

PRESIDENT

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date