

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M15413

FILED
Jan 26, 2004
Secretary of State

Entity Name: BREVARD PAIN MANAGEMENT, INC.

Current Principal Place of Business:

6770 S US HWY 1
SUITE 3
TITUSVILLE, FL 32780 US

New Principal Place of Business:

1832 GARDEN STREET
TITUSVILLE, FL 32796 US

Current Mailing Address:

PO DRAWER E
TITUSVILLE, FL 327810129 US

New Mailing Address:

1832 GARDEN STREET
TITUSVILLE, FL 32796 US

FEI Number: 59-2565845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DANIEL C
450 SOUTH ORANGE AVE
STE 500
ORLANDO, FL 32801

Name and Address of New Registered Agent:

KRASNY, SCOTT
304 SOUTH HARBOR CITY BLVD
STE 201
MELBOURNE, FL 32901 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: SCOTT KRASNY

01/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: JAFFE, TODD,
Address: 6770 S US HIGHWAY 1, SUITE 3
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: JAFFE, TODD B
Address: 1832 GARDEN STREET
City-St-Zip: TITUSVILLE, FL 32796 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TODD B JAFFE

PRES

01/26/2004

Electronic Signature of Signing Officer or Director

Date