

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90039 043 \*\*\*150.00

60010432



DOCUMENT # P02000119590			
1. Entity Name PAIN AND INJURY RECOVERY CENTER, INC.			
Principal Place of Business 710 W. COLONIAL DR., STE. 103 ORLANDO, FL 32804		Mailing Address 710 W. COLONIAL DR., STE. 103 ORLANDO, FL 32804	
2. Principal Place of Business 3231 OLD WINTER GARDEN RD		3. Mailing Address 3231 OLD WINTER GARDEN RD.	
Suite, Apt. #, etc. STE # 6		Suite, Apt. #, etc. STE # 6	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32805		Country ORANGE	
Zip 32805		Country ORANGE	
4. FEI Number 42-1558539		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAKER, ANDREW M 7433 WINDSOME CT. ORLANDO, FL 32810		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Andrew M Baker</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAKER, JOYCE 7433 WINDSOME CT. ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 01/25/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 407-872-7760	