

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000014931

FILED
May 13, 2006
Secretary of State**Entity Name:** PHYSIATRIC PAIN & MEDICAL REHABILITATION CLINIC, P.A.**Current Principal Place of Business:**6388 SILVER STAR ROAD
SUITE 2F
ORLANDO, FL 32818 US**New Principal Place of Business:****Current Mailing Address:**6388 SILVER STAR ROAD
SUITE 2F
ORLANDO, FL 32818 US**New Mailing Address:****FEI Number:** 20-0642692**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NWAOGWUGWU, NNAMDI MD
PHYSIATRIC PAIN & MEDICAL REHABILITATION
SUITE 2F
ORLANDO, FL 32818 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** DPS () Delete
Name: NWAOGWUGWU, NNAMDI MD
Address: 6388 SILVER STAR ROAD SUITE 2F
City-St-Zip: ORLANDO, FL 32818**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DPS () Change (X) Addition
Name: NWAOGWUGWU, FELITA OFFICER
Address: 6388 SILVER STAR ROAD SUITE 2F
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: FELITA NWAOGWUGWU

OFF

05/13/2006

Electronic Signature of Signing Officer or Director_____
Date