2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 25, 2005 8:00 am
Secretary of State

04-22-2005 90596 001 *2,700.00

DOCUMENT # P97000105817

1. Entity Name
PAIN AND REHABILITATION NETWORK, INC.

Principal Place of Business	Mailing Address
1564 KINGSLEY AVE. ORANGE PARK, FL 32073	37 N. ORANGE AVE. STE 500 ORLANDO, FL 32801

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1030 N. Orange Ave. Suite, Apt. #, etc. SUITE 105
City & State	City & State Orlando, FL
Zip / Country	Zip 32801 / Country US

4. FEI Number 59-3485072 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOLSON, JOHN F JR 462 KINGSLEY AVE. SUITE 101 ORANGE PARK, FL 32073	Name DAVIS, E. NICHOLAS III Street Address (P.O. Box Number is Not Acceptable) 12200 W. Colonial Drive SUITE 303 City WINTER GARDEN FL Zip Code 34787

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 _____ 5/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	TRESCOT, ANDREA M	NAME	
STREET ADDRESS	2558 ADMIRALS WALK DR S	STREET ADDRESS	1564 KINGSLEY AVE.
CITY-ST-ZIP	ORANGE PK, FL 32073	CITY-ST-ZIP	Orange Park, FL 32073
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	LUBINSKY, RANDY	NAME	
STREET ADDRESS	37 N. ORANGE AVE, STE. 500	STREET ADDRESS	1030 N. Orange Ave., Suite 105
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	Orlando, FL 32801
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SZPORKA, MARK	NAME	
STREET ADDRESS	37 N. ORANGE AVE, STE. 500	STREET ADDRESS	1030 N. Orange Ave., Suite 105
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	Orlando, FL 32801
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ MARK SZPORKA 4/20/05 407-367-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #