2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P98000079180

Entity Name: ORLANDO PAIN & MEDICAL REHABILITATION CENTER, WS, INC.

Current Principal Place of Business:

341 N. MAITLAND AVE.
SUITE 200
MAITLAND, FL 32751 US

New Principal Place of Business:

8133 CANYON LAKE CIRCLE
ORLANDO, FL 32835 US

Current Mailing Address:

341 N. MAITLAND AVE.
SUITE 200
MAITLAND, FL 32751 US

New Mailing Address:

8133 CANYON LAKE CIRCLE
ORLANDO, FL 32835 US

FEI Number: 59-3555278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, STEVEN C
100 DETMAR DR
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BURNS, STEVEN C
Address: 100 DETMAR DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete
Name: OLIVEROS, PEDRO
Address: 352 TWELVE OAKS DR
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BURNS, STEVEN C
Address: 100 DETMAR DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PEDRO T OLIVEROS, JR VP 01/16/2009
Electronic Signature of Signing Officer or Director Date