2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005
Secretary of State

DOCUMENT# S85954

Entity Name: FORT LAUDERDALE PAIN MEDICINE, INC.

Current Principal Place of Business:

1831 NE 45TH ST
STE B
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2200 SUNRISE KEY BLVD.
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-0294902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVENDER, JOEL R.
507 SE 11TH CT.
FORT LAUDERDALE, FL 33316 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: D ( ) Delete
Name: SZEINFELD, MARCOS,
Address: 2200 SUNRISE KEY BLVD.
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: SZEINFELD, MARCOS,
Address: 2200 SUNRISE KEY BLVD.
City-St-Zip: FT LAUDERDALE, FL

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: MARCOS SZEINFELD MD 03/05/2005

Electronic Signature of Signing Officer or Director Date