


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # V27973

1. Entity Name
THE PAIN CORRECTIVE CENTER OF BRANDON, INC.



Principal Place of Business Mailing Address

626 OAKFIELD DRIVE **P.O. BOX 670**
BRANDON, FL 33511 US **BRANDON, FL 33509 US**

DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3116533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, MICHAEL E
1919 ORO CT
CLEARWATER, FL 33764

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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 _____ 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARPENTER, CYNTHIA 919 RIVER RAPIDS AVENUE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAZZAFERRO, MICHAEL V 3854 42ND AVE SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/19/04-80096-015 150.00

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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: Cynthia Carpenter 4.14.04 (813) 653 7728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #