


AMENDED
**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L34360	
1. Entity Name NEUROLOGIC PAIN CONTROL, INC.	

AMEND
FILED
SECRETARY OF STATE
VISION OF CORPORATION
03 JUN 12 AM 8:23

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5418 W. Atlantic Blvd.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Margate, Florida	City & State
Zip 33063	Country U.S.A.

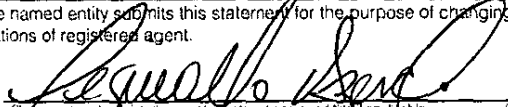
400020976874
06/18/03--01058--020 **61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number 650160344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

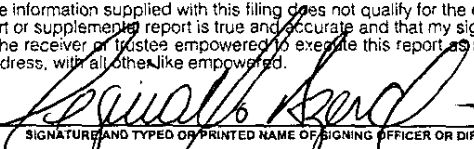
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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name REGINALDO AZEVEDO	
Street Address (P.O. Box Number is Not Acceptable) 5418 W. Atlantic Blvd.	
City Margate	FL 33063

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 6/5/03
(NOTE: Registered Agent signature required when reinstating)	
January 1 - May 1 Fee is \$450.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres., Sec., V.P., Tr., Dir. Reginaldo Azevedo 5418 W. Atlantic Blvd. Margate, Florida 33063	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 6/5/03 954-975-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034B (12/02)