

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38394

Entity Name: FLORIDA PAIN CLINIC, INC.

FILED  
Mar 28, 2007  
Secretary of State

## Current Principal Place of Business:

3241 SW 34TH STREET  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1626  
OCALA, FL 34478

## New Mailing Address:

FEI Number: 59-2983266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRESSER, YORK R  
2300 SE 17TH STREET  
SUITE 201  
OCALA, FL 34471 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: PYLES, STEPHEN T.,  
Address: 2300 SE 17TH ST. SUITE 201  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN T PYLES MD

PRES

03/28/2007

Electronic Signature of Signing Officer or Director

Date