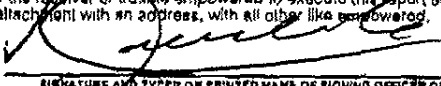


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000020805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                           |
| 1. Entity Name<br><b>NEUROLOGICAL/NEUROSURGICAL PAIN MANAGEMENT CENTER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                                                            |
| Principal Place of Business<br><b>8390 WEST FLAGLER ST<br/>#107<br/>MIAMI, FL 33144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | Mailing Address<br><b>8390 WEST FLAGLER ST<br/>#107<br/>MIAMI, FL 33144</b>                                                |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                            |
| 6. Name and Address of Current Registered Agent<br><br><b>GERSHANIK, RICHARD O<br/>8390 WEST FLAGLER ST<br/>#107<br/>MIAMI, FL 33144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                      |
| 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 the registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                            |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and firm if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | DATE _____<br><small>(NOTE: Registered Agent signature required when reappointing)</small>                                 |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PSD<br>GERSHANIK, RICHARD O<br>8390 WEST FLAGLER ST, #107<br>MIAMI, FL 33144 |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V<br>GERSHANIK, DAVID M<br>8390 WEST FLAGLER ST, #107<br>MIAMI, FL 33144     |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T<br>GERSHANIK, MARIA A<br>8390 WEST FLAGLER ST 107<br>MIAMI, FL 33144       |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                                                            |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | President <b>06/26/04</b><br><small>Date Daytime Phone #</small>                                                           |

**RICHARD GERSHANIK, M.D., Ph.D.**  
**8390 W. Flagler Street, #107**  
**Miami, FL 33144**