2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# P00000020805

Entity Name: NEUROLOGICAL/NEUROSURGICAL PAIN MANAGEMENT CENTER, INC.

Current Principal Place of Business:

8390 WEST FLAGLER ST
#107
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8390 WEST FLAGLER ST
#107
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0985841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERSHANIK, RICHARD O
8390 WEST FLAGLER ST
#107
MIAMI, FL 33144 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: PSD ( ) Delete
Name: GERSHANIK, RICHARD O
Address: 8390 WEST FLAGLER ST, #107
City-St-Zip: MIAMI, FL 33144

Title: V ( ) Delete
Name: GERSHANIK, DAVID M
Address: 8390 WEST FLAGLER ST, #107
City-St-Zip: MIAMI, FL 33144

Title: T ( ) Delete
Name: GERSHANIK, MARIA A
Address: 8390 WEST FLAGLER ST 107
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RICHARD GERSHANIK, M.D. P 02/28/2007

Electronic Signature of Signing Officer or Director — Date