2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004
Secretary of State

DOCUMENT# P00000038480

Entity Name: COMPREHENSIVE PAIN MANAGEMENT, INC.

Current Principal Place of Business:

QTRS. MM MUSTIN ROAD
NAVAL AIR STATION
JACKSONVILLE, FL 32212

New Principal Place of Business:

4327 ORTEGA FARMS CR
JACKSONVILLE, FL 32210

Current Mailing Address:

QTRS. MM MUSTIN ROAD
NAVAL AIR STATION
JACKSONVILLE, FL 32212

New Mailing Address:

4327 ORTEGA FARMS CR
JACKSONVILLE, FL 32210

FEI Number: 59-3639932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIEDER, MARY E
QTRS. MM MUSTIN ROAD
NAVAL AIR STATION
JACKSONVILLE, FL 32212

Name and Address of New Registered Agent:

SCHMIEDER, MARY E
4327 ORTEGA FARMS
JACKSONVILLE, FL 32210

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: MARY E SCHMIEDER 08/27/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHMIEDER, GEORGE
Address: QRTS. MM MUSTIN RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: TS ( ) Delete
Name: SCHMIEDER, MARY E
Address: QRTS. MM MUSTIN RD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHMIEDER, GEORGE
Address: 4327 ORTEGA FARMS CR
City-St-Zip: JACKSONVILLE, FL 32210

Title: TS (X) Change ( ) Addition
Name: SCHMIEDER, MARY E
Address: 4327 ORTEGA FARMS CR
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY E SCHMIEDER TS 08/27/2004
Electronic Signature of Signing Officer or Director Date