

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038480

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: COMPREHENSIVE PAIN MANAGEMENT, INC.

## Current Principal Place of Business:

1543 KINGSLEY AVENUE  
BLDG 1 SUITE B  
ORANGE PARK, FL 32073

## Current Mailing Address:

PO BOX 14379  
JACKSONVILLE, FL 32238

## New Principal Place of Business:

1543 KINGSLEY AVENUE  
BLDG 16  
ORANGE PARK, FL 32073

## New Mailing Address:

P.O. BOX 381970  
JACKSONVILLE, FL 32238

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  
4327 ORTEGA FARMS  
JACKSONVILLE, FL 32210 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: SCHMIEDER, GEORGE  
Address: 4327 ORTEGA FARMS CR  
City-St-Zip: JACKSONVILLE, FL 32210

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (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 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: MARY E SCHMIEDER

P

01/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date