2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038480

4327 ORTEGA FARMS CR

JACKSONVILLE, FL 32210

Address:

City-St-Zip:

Entity Name: COMPREHENSIVE PAIN MANAGEMENT, INC.

FILED Jul 18, 2008 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 1543 KINGSLEY AVENUE BLDG 16 ORANGE PARK, FL 32073 **New Mailing Address: Current 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: Name and Address of New Registered Agent: SCHMIEDER, MARY E 4327 ORTEGA FARMS JACKSONVILLE, FL 32210 US 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCHMIEDER, MARY E Name: Name: 4327 ORTEGA FARMS CR Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SCHMIEDER, MARY E Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 07/18/2008