

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90007 010 ***150.00

DOCUMENT # P00000056382

1. Entity Name
HEADACHE, PAIN AND INJURY CENTER, INC.



Principal Place of Business
**4730 NW 2ND AVE
SUITE 101
BOCA RATON, FL 33431**

Mailing Address
**4730 NW 2ND AVE
SUITE 101
BOCA RATON, FL 33431**

94003942



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1019794

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**URBAN, FRANK E JR
1640 NW BOCA RATON BLVD
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD URBAN, FRANK E JR. 4730 NW 2ND AVE SUITE 101 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CELENTO, MIA L 4730 NW 2ND AVE SUITE 101 BOCA RATON, FL 33431
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/04 **361 997 0900**