

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90044 023 ***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

60013454



01142006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVTD
NAME	URBAN, FRANK E JR.
STREET ADDRESS	4730 NW 2ND AVE SUITE 101
CITY - ST - ZIP	BOCA RATON, FL 33431

TITLE	SD
NAME	CELENTO, MIA L
STREET ADDRESS	4730 NW 2ND AVE SUITE 101
CITY - ST - ZIP	BOCA RATON, FL 33431

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 # _____