2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# P00000062652

Entity Name: PAIN MEDICAL CENTER, INC.

Current Principal Place of Business:

2639 N ANDREWS AVE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

16500 COLLINS AVE
#1852
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 65-1019711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSENSCHTEIN, ALEXANDER
16500 COLLINS AVE
#1852
SUNNY ISLES BEACH, FL 33160 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: PSD ( ) Delete
Name: ROSENSCHTEIN, ALEXANDER
Address: 16500 COLLINS AVE., #1852
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALEXANDER ROSENSCHTEIN PSD 02/07/2006

Electronic Signature of Signing Officer or Director — Date