

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065333

FILED
Feb 20, 2004
Secretary of State

Entity Name: ORLANDO PAIN AND MEDICAL REHABILITATION CENTERS, ALTAMONTE SPRINGS, INC.

Current Principal Place of Business:

130 E. ALTAMONTE DR.
SUITE 1450
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

130 E. ALTAMONTE DR.
SUITE 1450
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

130 E. ALTAMONTE DR.
SUITE 1450
ALTAMONTE SPRINGS, FL 327014312

New Mailing Address:

P.O. BOX 160491
CLEARFIELD, UT 84016

FEI Number: 59-3674641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, BRIAN D
1608 FOX GLEN CT.
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

BURNS, BRIAN D
130 E ALTAMONTE DRIVE
SUITE 1450
ALTAMONTE SPRINGS, FL 32701 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: BRIAN BURNS

02/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURNS, BRIAN D.C.
Address: 1608 FOX GLEN CT.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: OLIVEROS, PEDRO
Address: 352 TWELVE OAKS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURNS, BRIAN D.
Address: 130 E ALTAMONTE DR SUITE 1450
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: S () Change (X) Addition
Name: ARELLANO, CHRISTINE L
Address: 1234 INVERNESS DRVIE
City-St-Zip: SYRACUSE, UT 84067

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN BURNS

P

02/20/2004

Electronic Signature of Signing Officer or Director

Date