

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065333

FILED
Apr 25, 2005
Secretary of State

Entity Name: ORLANDO PAIN & MEDICAL REHABILITATION CENTER, AS, INC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

7870 CANYON LAKE CIRCLE
ORLANDO, FL 32835

New Mailing Address:

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

FEI Number: 59-3674641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, STEVEN
7870 CANYON LAKE CIRCLE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

BURNS, STEVEN C
7870 CANYON LAKE CIRCLE
ORLANDO, FL 32835 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: STEVEN C. BURNS

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURNS, STEVEN
Address: 7870 CANYON LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURNS, STEVEN C
Address: 7870 CANYON LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

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 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: STEVEN C. BURNS

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date