

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065333

FILED  
Apr 04, 2008  
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 US

## New Principal Place of Business:

341 N. MAITLAND AVE.  
SUITE 200  
MAITLAND, FL 32751 US

## Current Mailing Address:

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

## New Mailing Address:

341 N. MAITLAND AVE.  
SUITE 200  
MAITLAND, FL 32751 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 C  
100 DETMAR DR  
WINTER PARK, FL 32789 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: PRES ( ) Delete  
Name: BURNS, STEVEN C  
Address: 100 DETMAR DR  
City-St-Zip: WINTER PARK, FL 32789

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PEDRO OLIVEROS

VP

04/04/2008

Electronic Signature of Signing Officer or Director

Date