2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000095217

Entity Name: PAIN MANAGEMENT CENTER, INC.

FILED Feb 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10800 BISCAYNE BLVD 1975 E. SUNRISE BLVD 410

300

MIAMI, FL 33161 FT LAUDERDALE, FL 33304

Current Mailing Address: New Mailing Address:

10800 BISCAYNE BLVD POST OFFICE BOX 388

FT. LAUDERDALE, FL 33302 MIAMI, FL 33161

FEI Number: 65-1049240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHWARTZ, ERIC R BLOOMGARDEN, PAUL M ATTY 3601 W. COMMERCIAL BLVD., SUITE 31 8551 WEST SUNRISE BLVD. FORT LAUDERDALE, FL 33309 #208

FORT LAUDERDALE, FL 33322 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: PAUL M. BLOOMGARDEN 02/15/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

HALPRIN, PATRICIA Name: Name: P.O BOX 388 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33302 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: PATRICIA HALPRIN 02/15/2008 D