

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110570

FILED
Jul 18, 2005
Secretary of State

Entity Name: PAIN RELIEF MEDICAL AND REHABILITATION CENTER INC.

Current Principal Place of Business:

7000 WEST 12TH AVENUE #15
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

7000 WEST 12TH AVENUE #15
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 65-1058561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARIGOLA, YANET
7001 WEST 35 AVENUE #172
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

FARIGOLA, JANET
7001 WEST 35 AVENUE #172
HIALEAH, FL 33018 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: FARIGOLA, JANET

07/18/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDV () Delete
Name: FARIGOLA, YANET
Address: 7001 W. 35 AVE., #172
City-St-Zip: HIALEAH, FL 33018

Title: ST () Delete
Name: FARIGOLA, YANET
Address: 7001 W. 35 AVE., #172
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDV (X) Change () Addition
Name: FARIGOLA, JANET
Address: 7001 W. 35 AVE., #172
City-St-Zip: HIALEAH, FL 33018

Title: ST (X) Change () Addition
Name: FARIGOLA, JANET
Address: 7001 W. 35 AVE., #172
City-St-Zip: HIALEAH, FL 33018

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: FARIGOLA, JANET

PDT

07/18/2005

Electronic Signature of Signing Officer or Director

Date