## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000117465

Entity Name: PAIN INSTITUTE OF PALM BEACH, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	of Business:	
SUITE 105	HAVE. NORTH 5 RTH, FL 3346				
Current Mailing Address:			New Mailing Address:		
SUITE 105	HAVE NORTH S RTH, FL 3346	1			
FEI Number	: 65-1065755	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:					
1926 10TH SUITE 105	VITZ, MORRIS HAVE NORTH S RTH, FL 3346				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SHLAMOWITZ, 1926 10TH AVE LAKE WORTH,	NORTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () SHLAMOWITZ, 1926 10TH AVE LAKE WORTH,	NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MORRIS SHLAMOWITZ PRES 01/07/2008