

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011372

Entity Name: PAIN CENTER OF ORLANDO, INC.

FILED  
Jan 17, 2005  
Secretary of State

## Current Principal Place of Business:

2500 W LAKE MARY BLVD  
108  
LAKE MARY, FL 32746

## New Principal Place of Business:

225 W. SR 434  
SUITE #205  
LONGWOOD, FL 32750

## Current Mailing Address:

2500 W LAKE MARY BLVD  
108  
LAKE MARY, FL 32746

## New Mailing Address:

225 W. SR 4343  
SUITE #205  
LONGWOOD, FL 32750

FEI Number: 59-3698456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEIN, DAVID S  
2500 W LAKE MARY BLVD  
#108  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

KLEIN, DAVID S  
225 W. SR 434  
SUITE #205  
LONGWOOD, FL 32750 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: DAVID S. KLEIN, MD

01/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KLEIN, DAVID S  
Address: 2500 W LAKE MARY BLVD #108  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: KLEIN, PEGGY W  
Address: 2500 W LAKE MARY BLVD #108  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: KLEIN, DAVID S  
Address: 225 W. SR 434 SUITE #205  
City-St-Zip: LONGWOOD, FL 32750

Title: MS. (X) Change ( ) Addition  
Name: KLEIN, PEGGY W  
Address: 225 W. SR 434 SUITE #205  
City-St-Zip: LONGWOOD, FL 32750

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: DAVID S. KLEIN, MD

DR.

01/17/2005

Electronic Signature of Signing Officer or Director

Date