

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059837

FILED  
Jul 24, 2006  
Secretary of State

Entity Name: DEMETREE PAIN GROUP, INC.

## Current Principal Place of Business:

1750 W. BROADWAY ST STE 108  
OVIEDO, FL 32765

## New Principal Place of Business:

797 N. SR 434  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

1750 W. BROADWAY ST STE 108  
OVIEDO, FL 32765

## New Mailing Address:

797 N. SR 434  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3744356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEMETREE, DAVID DR  
1750 W. BROADWAY ST STE 108  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

DEMETREE, DAVID DR  
797 N. SR 434  
ALTAMONTE SPRINGS, FL 32714 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:

07/24/2006

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: P ( ) Delete  
Name: DEMETREE, DAVID DR  
Address: 1750 W. BROADWAY ST STE 108  
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete  
Name: DEMETREE, ROBERT DR  
Address: 1750 W. BROADWAY ST STE 108  
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete  
Name: DEMETREE, MATT DR  
Address: 1750 W. BROADWAY ST STE 108  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DEMETREE, DAVID DR  
Address: 797 N. SR 434  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S (X) Change ( ) Addition  
Name: DEMETREE, ROBERT DR  
Address: 797 N. SR 434  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T (X) Change ( ) Addition  
Name: DEMETREE, MATT DR  
Address: 797 N. SR 434  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW DEMETREE, D.C.

T

07/24/2006

Electronic Signature of Signing Officer or Director

Date