2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# P01000072763

Entity Name: COMPLETE PAIN MANAGEMENT, P.A.

Current Principal Place of Business:

545 BRENT LANE
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30470
ATTN DR: JEFFREY COX, M.D.
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3733745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, JAMES S
3 WEST GARDEN ST., STE. 700
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COX, JEFFREY M
Address: 8333 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32514 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COX, JEFFREY M
Address: 545 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503 US

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: JEFFREY M COX D 01/10/2006

Electronic Signature of Signing Officer or Director — Date