2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000083895

1. Entity Name
MARION PAIN MANAGEMENT CENTER, INC.

Principal Place of Business	Mailing Address
1901 SE 18TH AVE., BLDG. 400, STE. B OCALA, FL 34471	1901 SE 18TH AVE., BLDG. 400, STE. B OCALA, FL 34471

02212005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	**3.** Mailing Address
1737A SE 28th LOOP	1737 A SE 28TH LOOP
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	**4.** FEI Number	Applied For
OCALA FL	OCALA FL	59-3741570	Not Applicable

Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
34471	MARION	34471	MARION		

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SHETTY, MANGALA I ~~1901 SE 18TH AVE., BLDG. 400, STE. B~~ OCALA, FL 34471 1737A SE 28TH LOOP	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City ___ FL ___ Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: SHETTY, MANGALA J STREET ADDRESS: ~~1901 SE 18TH AVE., BLDG. 400, STE. B~~ 1737 SE 28 LOOP CITY-ST-ZIP: OCALA, FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____   4-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #