2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P01000096403

Entity Name: ADVANCED PAIN MANAGEMENT & REHABILITATION CENTER, INC.

Current Principal Place of Business:

5850 MARLAKE DRIVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

5850 MARLAKE DRIVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3747325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOAKNATH, K B
13359 PALOMA DR
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

LOAKNATH, K B
8815 COMMODITY CIRCLE
ORLANDO, FL 32819 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: K B LOAKNATH 05/01/2006
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: D ( ) Delete
Name: ACOSTA, EMMANUEL G
Address: 4433 LAKE CALABAY DR
City-St-Zip: ORLANDO, FL 328375468

Title: D ( ) Delete
Name: ANTONIO, LETICIA
Address: 4433 LAKE CALABAY DR
City-St-Zip: ORLANDO, FL 328375468

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition
Name: ACOSTA, EMMANUEL G
Address: 5850 MARLAKE DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: VP D (X) Change ( ) Addition
Name: ANTONIO, LETICIA
Address: 5850 MARLAKE DRIVE
City-St-Zip: ORLANDO, FL 32839

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: EMMANUEL ACOSTA P 05/01/2006
Electronic Signature of Signing Officer or Director Date