2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
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:

5850 MARLAKE DRIVE
ORLANDO, FL 32809 US

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
8815 COMMODITY CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

ACOSTA, EMMANUEL
5850 MARLAKE DRIVE
ORLANDO, FL 32809 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: EMMANUEL ACOSTA 01/22/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 D 01/22/2008
Electronic Signature of Signing Officer or Director Date