


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000099064

1. Entity Name
MEDICAL PAIN CONSULTANTS, INC.



Principal Place of Business Mailing Address

100 SYKES STREET 100 SYKES STREET
GROTON, NY 13073 GROTON, NY 13073

DO NOT WRITE IN THIS SPACE



05282004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1145739 Not Applicable

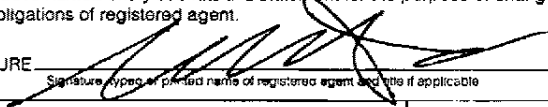
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAIMOWITZ, BRUCE ESQ
SCHOLL TICKIN AND ASSOCIATES PA
5295 TOWN CENTER ROAD 3RD FLOOR
BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 6/2/04

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

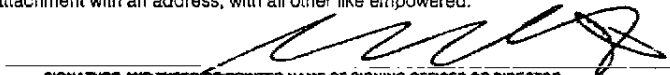
U00000162377
06/10/04-80001-018 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ORTIZ, RALPH 100 SYKES STREET GROTON, NY 13073
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  6/2/04 607898-309