

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099064

FILED
Jul 26, 2005
Secretary of State

Entity Name: MEDICAL PAIN CONSULTANTS, INC.

Current Principal Place of Business:

100 SYKES STREET
GROTON, NY 13073

New Principal Place of Business:

2127 DRYDEN RD
PO BOX 640
DRYDEN, NY 13053

Current Mailing Address:

100 SYKES STREET
GROTON, NY 13073

New Mailing Address:

2127 DRYDEN RD
PO BOX 640
DRYDEN, NY 13053

FEI Number: 65-1145739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE CHAIMOWITZ & ASSOCIATES, P.A.
BRUCE CHAIMOWITZ
4800 N. FED. HWY., STE. 100E
BOCA RATON, FL 33431 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

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: PCEO () Delete
Name: ORTIZ, RALPH
Address: 100 SYKES STREET
City-St-Zip: GROTON, NY 13073

Title: T () Delete
Name: ORTIZ, RALPH
Address: 100 SYKES STREET
City-St-Zip: GROTON, NY 13073

Title: S () Delete
Name: ORTIZ, RALPH
Address: 100 SYKES STREET
City-St-Zip: GROTON, NY 13073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: ORTIZ, RALPH
Address: 2127 DRYDEN RD
City-St-Zip: DRYDEN, NY 13053

Title: T (X) Change () Addition
Name: ORTIZ, RALPH
Address: 2127 DRYDEN RD
City-St-Zip: DRYDEN, NY 13053

Title: S (X) Change () Addition
Name: ORTIZ, RALPH
Address: 2127 DRYDEN RD
City-St-Zip: DRYDEN, NY 13053

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK S KANE

ACCT

07/26/2005

Electronic Signature of Signing Officer or Director

Date