


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90092 046 ***150.00

DOCUMENT # P0100011438

1. Entity Name
COMPREHENSIVE HEADACHE & PAIN TREATMENT CENTER, INC.



Principal Place of Business
**1770 NE MIAMI GARDENS DRIVE
 NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1770 NE MIAMI GARDENS DRIVE
 NORTH MIAMI BEACH, FL 33179**

2. Principal Place of Business
150 N.W. 168ST

3. Mailing Address
150 N.W. 168ST

Suite, Apt. #, etc.
200

City & State
N.M.B.

City & State
N.M.B.

Zip
33169 Country **USA**

Zip
33169 Country **USA**



03042004 Chg-P CR2E034 (10/03)

4. FEI Number
22-3850191

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SILVER, THEODORE J.
 1570 MADRUGA AVENUE, SUITE 216
 CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURAK, BARRY 1770 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDESS, CARRIE 1770 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 N.W. 168ST STE 200 DARREY BURAK N.M.B. Fla. 33169	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 N.W. 168ST STE 200 CARRIE LANDESS N.M.B. Fla. 33169	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carrie Landess* **03/04/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #