## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000002284

ROMANO, DAVID

201 W. OAKLAND PARK BLVD.

FORT LAUDERDALE, FL 33311

Name:

Address:

City-St-Zip:

FILED Apr 06, 2004 Secretary of State

Entity Name: FT. LAUDERDALE PAIN RELIEF CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 201 W. OAKLAND PARK BLVD. OAKLAND PARK, FL 33311 **Current Mailing Address: New Mailing Address:** 2031 W. OAKLAND PARK BLVD 201 W. OAKLAND PARK BLVD. OAKLAND PARK, FL 33311 SUITE 100 FORT LAUDERDALE, FL 33311 FEI Number: 02-0534622 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RECHTER, MICHAEL R RECHTER, MICHAEL R 201 W. OAKLAND PARK BLVD. 2031 W. OAKLAND PARK BLVD. OAKLAND PARK, FL 33311 FORT LAUDERDALE, FL 33311 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: 04/06/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition RECHTER, MICHAEL R Name: Name: 122 FIESTA WAY Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33301 City-St-Zip: Title: Title: () Delete () Change () Addition WEINTRAUB, BRIAN J Name: Name: 12432 NW 17TH PL. Address: Address: CORAL SPRINGS, FL 33071 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title:

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.

Name:

Address:

City-St-Zip:

ROMANO, DAVID

2031 W. OAKLAND PARK BLVD

FORT LAUDERDALE, FL 33311

SIGNATURE: DAVID ROMANO 04/06/2004 D