

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031971

FILED
Apr 02, 2004
Secretary of State

Entity Name: BROWARD PAIN RELIEF CENTER, INC.

Current Principal Place of Business:

2639 N ANDREWS AVE
WILTON MANORS, FL 33311

New Principal Place of Business:

4176 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

2639 N ANDREWS AVE
WILTON MANORS, FL 33311

New Mailing Address:

4176 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

FEI Number: 01-0641585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIRGILE, JEAN R
2639 N ANDREWS AVE
WILTON MANORS, FL 33311

Name and Address of New Registered Agent:

VIRGILE, JEAN R
4176 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

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:

04/02/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VIRGILE, JEAN R
Address: 2639 N ANDREWS AVE
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VIRGILE, JEAN R
Address: 4176 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: JEAN R VIRGILE

MR

04/02/2004

Electronic Signature of Signing Officer or Director

Date