

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055080

FILED
Apr 20, 2004
Secretary of State

Entity Name: PAIN AND REHABILITATION PHYSICIANS OF PALM BEACH, INC

Current Principal Place of Business:

10111 FOREST HILL BOULEVARD
SUITE 221
WEST PALM BEACH, FL 33414

New Principal Place of Business:

1395 STATE ROAD 7
SUITE 300
WEST PALM BEACH, FL 33414

Current Mailing Address:

PO BOX 211375
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 42-1538976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUANG, CHARLES S DO
PO BOX 211375
ROYAL PALM BEACH, FL 33421

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: HUANG, CHARLES S PRESIDE
Address: PO BOX 211375
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES S HUANG

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04/20/2004

Electronic Signature of Signing Officer or Director

Date