

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055080

FILED  
May 01, 2007  
Secretary of State

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

**Current 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 Principal Place of Business:**

1397 MEDICAL PARK BLVD  
SUITE 480  
WELLINGTON, FL 33414 US

**New Mailing Address:**

PO BOX 211375  
ROYAL PALM BEACH, FL 33421 US

**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 US

**Name and Address of New Registered Agent:**

HUANG, CHARLES S DO  
1397 MEDICAL PARK BLVD  
#480  
WELLINGTON, FL 33414 US

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:

05/01/2007

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: 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: DR (X) Change ( ) Addition  
Name: HUANG, CHARLES S PRESIDE  
Address: 1397 MEDICAL PARK BLVD #480  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 HUANG

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date