


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000064646	
1. Entity Name PAIN MANAGEMENT CENTER OF SOUTH DADE, INC.	

Principal Place of Business 8700 NORTH KENDALL DRIVE SUITE 206 MIAMI, FL 33176	Mailing Address 8700 NORTH KENDALL DRIVE SUITE 206 MIAMI, FL 33176
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01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0045273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIEGO E CORDOVA CPA 8905 SW 87 AVE STE 200 MIAMI, FL 33176
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6. 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: _____ (NOTE: Registered Agent signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

8. 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 SABATES, RICARDO 4051 S.W 137 AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALPRIN, PATRICIA PO BOX 3661 FORT LAUDERDALE, FL 33302
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patricia Halprin Vice-President 4/1/06 (3085952680)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #