2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# P02000064646

Entity Name: PAIN MANAGEMENT CENTER OF SOUTH DADE, INC.

Current Principal Place of Business:

8700 NORTH KENDALL DRIVE
SUITE 206
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8700 NORTH KENDALL DRIVE
SUITE 206
MIAMI, FL 33176

New Mailing Address:

10800 BISCAYNE BLVD
SUITE 300
MIAMI, FL 33161

FEI Number: 03-0045273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIEGO E CORDOVA CPA
8905 SW 87 AVE STE 200
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

PATRICIA HALPRIN
10800 BISCAYNE BLVD
MIAMI, FL 33161 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: PATRICIA HALPRIN 07/05/2007
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: D ( ) Delete
Name: SABATES, RICARDO
Address: 4051 S.W 137 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: VP (X) Delete
Name: HALPRIN, PATRICIA
Address: PO BOX 3881
City-St-Zip: FORT LAUDERDALE, FL 33302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HALPRIN, PATRICIA
Address: 10800 BISCAYNE BLVD # 300
City-St-Zip: MIAMI, FL 33161

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

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: PATRICIA HALPRIN D 07/05/2007
Electronic Signature of Signing Officer or Director Date