2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064662

DOCCIVILIVI#1 02000004002

Entity Name: PAIN MANAGEMENT PARTNERS, INC.

FILED Jan 26, 2007 Secretary of State

Littly Hair	ie. I Alla IVIAIA	AGEMENT FARTNERS, INC.	•		
Current Principal Place of Business:			New Principal Place	e of Business:	
4051 S.W 1 MIRAMAR,	37 AVENEU FL 33027				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4051 S.W 1 MIRAMAR,	37TH AVENUE FL 33027	<u> </u>			
FEI Number: 02-0618352		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
8905 S.W. 8 SUITE 200 MIAMI, FL	named entity su		urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E:				
Election Cam		Signature of Registered Age Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E SABATES, RICAI 4051 S.W 137TH MIRAMAR, FL 33	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ()[SABATES, CLAU 4051 S.W 137TH MIRAMAR, FL 33	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: RICARDO SABATES PRES 01/26/2007