2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

1. Entity Name BROOKSVILLE PAIN MANAGEMENT, INC.				03-3	1-2008 9000	99 036 ***150.C	IO
	NESS CT E, FL 34613	Mailing Address 7319 INVERNESS CT BROOKSVILLE, FL 3461	3			EST META MAN EARN ACH AC	
2. Principal P Lo455 Suite, Apt.		3. Mailing Address 6455 Touca Suite, Apt. #, etc.	~ Trail		on 14111 Bon 011-1 111	CR2E034 (12/06)	
City & State Brook Zip		Sity & State Porce (CS Ut'lle	Country	4. FEI Number 81-0574930 5. Certificate of Sta		} 	oplied For of Applicable litional
3440	6. Name and Address of Current R	34607 egistered Agent		7. Name and Addr		Fee Require	
7319 INVE	EY, MICHAEL RNESS CT /ILLE, FL 34613		Street Address (P.O. Box Number is Not Acceptable)				
A The above	named entity submits this statement for t	the purpose of changing its re-	City	ered agent or both in t	he State of Florid	FL Zip Code	
	ions of registered agent.	the purpose of changing its re	gistared drive of region	cred agent, or don't, site	TO OTALLO OF FRONDE	a. Tarriumai wii,	
SIGNATURE_	Signature, typed or printed name of registered agent are	d sitle if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib	" <u> </u>	5.00 May Be Ided to Fees			
10.	OFFICERS AND D		11.	ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIRECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	COURTNEY, MICHAEL 7319 INVERNESS CT BROOKSVILLE, FL 34613	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			снапус	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CNY-ST-ZIP			☐ Change	Addition
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indicated of the cor	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with the control of the cont	rue and accurate and that my velled to execute this report as	sionature shall have the	e same legal effect as if	made under oath	n: that I am an officer	or director

SIGNATURE: