

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009517

FILED
Jan 30, 2007
Secretary of State

Entity Name: INTERNATIONAL PAIN INSTITUTE INC.

Current Principal Place of Business:

1011 SANTIAGO STREET
CORAL GABLES, FL 33133

New Principal Place of Business:

5101 SW 8 STREET
2ND FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

1011 SANTIAGO STREET
CORAL GABLES, FL 33133

New Mailing Address:

2618 COLUMBUS BLVD
CORAL GABLES, FL 33134

FEI Number: 54-2092684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLANOS, RAMON MD
5101 SW 8 STREET
2ND FLOOR
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CASTELLANOS, RAMON
Address: 1011 SANTIAGO STREET
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CASTELLANOS, RAMON
Address: 2618 COLUMBUS BLVD
City-St-Zip: CORAL GABLES, FL 33134

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: RAMON CASTELLANOS

PRS

01/30/2007

Electronic Signature of Signing Officer or Director

Date