2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P03000013546

Entity Name: CENTRAL FLORIDA PAIN & SPINE INSTITUTE, P.A.

Current Principal Place of Business:

311 N. CLYDE MORRIS BLVD.
SUITE 310
DAYTONA BEACH, FL 32114

New Principal Place of Business:

1180 W. GRANADA BLVD.
SUITE C
ORMOND BEACH, FL 32174

Current Mailing Address:

311 N. CLYDE MORRIS BLVD.
SUITE 310
DAYTONA BEACH, FL 32114

New Mailing Address:

1180 W. GRANADA BLVD
SUITE C
ORMOND BEACH, FL 32174

FEI Number: 13-4236113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD ( ) Delete
Name: YANAMADULA, DINASH K MD
Address: 311 N. CLYDE MORRIS BLVD.SUITE 310
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: YANAMADULA, DINASH K MD
Address: 1180 W. GRANADA BLVD. SUITE C
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DINASH K. YANAMADULA MD DR. 04/29/2004

Electronic Signature of Signing Officer or Director — Date