


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000024449 1. Entity Name CENTER FOR PAIN MANAGEMENT, INC.	
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Principal Place of Business 1005 W. BUSCH BLVD # 105 TAMPA, FL 33612	Mailing Address 1005 W. BUSCH BLVD # 105 TAMPA, FL 33612
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0821903	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATERS, CODY W 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Patty Jo Stevens</i> Signature, typed or printed name of registered agent and title if applicable.	<i>Patty Jo Stevens Secretary 1-24-06</i> (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	10000001412648 02/10/06-80057-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REW, JOHN B 1005 WEST BUSCH BOULEVARD, SUITE 105 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, PATTY JO 1005 WEST BUSCH BOULEVARD, SUITE 105 TAMPA, FL 33612
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>PJ Stevens Sec.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>1-24-06</i> Date Daytime Phone #