2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P03000037567

Entity Name: PAIN INSTITUTE OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

1905 CAPITAL CIRCLE, N.E.
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

2770 CAPITAL MEDICAL BOULEVARD
SUITE #100
TALLAHASSEE, FL 32308 US

Current Mailing Address:

P.O. BOX 13627
TALLAHASSEE, FL 323173627 US

New Mailing Address:

FEI Number: 38-3677550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCOS, GEORGE J D.O.
1905 CAPITAL CIRCLE, N.E.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

ARCOS, GEORGE J D.O.
2770 CAPITAL MEDICAL BOULEVARD
SUITE #100
TALLAHASSEE, FL 32308 US

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: GEORGE J. ARCOS, D.O. 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARCOS, GEORGE J D.O.
Address: 1905 CAPITAL CIRCLE, N.E.
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP ( ) Delete
Name: ARCOS, KIMBERLY K
Address: 1905 CAPITAL CIRCLE, N.E.
City-St-Zip: TALLAHASSEE, FL 32308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARCOS, GEORGE J D.O.
Address: 2770 CAPITAL MEDICAL BOULEVARD, SUITE #100
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP (X) Change ( ) Addition
Name: ARCOS, KIMBERLY K
Address: 2770 CAPITAL MEDICAL BOULEVARD, SUITE #100
City-St-Zip: TALLAHASSEE, FL 32308 US

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: GEORGE J. ARCOS, D.O. PRES 05/01/2006
Electronic Signature of Signing Officer or Director Date