

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053559

FILED
Apr 21, 2005
Secretary of State

Entity Name: PAIN AND HEALTH RESTORATION CENTER, INC.

Current Principal Place of Business:

7825 N. DALE MABRY
SUITE 103
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7825 N. DALE MABRY
SUITE 103
TAMPA, FL 33614

New Mailing Address:

FEI Number: 41-2093845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, LEONARDO A
7825 N. DALE MABRY
SUITE 103
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

CANIZLAEZ, PAOLA A
7825 N. DALE MABRY
SUITE 103
TAMPA, FL 33614 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: PAOLA CANIZALEZ

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CANIZALEZ, PAOLA R
Address: 7825 N DALE MABRY, STE 103
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAOLA CANIZALEZ

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date