2004 FOR PROFIT CORPORATION

SIGNATURE: Dennis Lazar

Secretary of State ANNUAL REPORT 03-10-2004 90015 022 ***158.75 **DOCUMENT # P03000066284** 1. Entity Name CLINICAL PAIN MANAGEMENT PRODUCTS, INC. Principal Place of Business Mailing Address 4055 TAMIAM! TRAIL 4055 TAMIANI TRAIL 66407086 PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 83-036/710 Not Applicable Zip Country Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 8. Hame and Address of Current Registered Agent 7. Hame and Address of New Registered Agent LAZAR; DENNIS Street Address (P.O. Box Number is Not Acceptable) 4055 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 City Zip Code 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. \$5.00 May Be 9. Election Campaign Financing FILE NOWII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 α Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TILE Addition LAZAR, DENNIS NAME NAME STREET ADDRESS 4055 TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 CITY-ST-ZP TITLE TITLE Delete ☐ Champe Addition LAZAR, DENNIS MASAGE NAME STREET ADDRESS 4055 TAMIAMI TRAIL STREET ADORESS CITY-ST-ZIP PORT CHARLOTTE, FL 33962 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HALLE LAZAR, RUTH HAME STREET ADDRESS **4055 TAMIAMI TRAIL** STREET ADORESS CITY-ST-ZP PORT CHARLOTTE, FL 33952 CITY-ST-ZIP Delete TITLE TITLE ☐ Chance Addition NAME LAZAR, RUTH NAME STREET ADDRESS 4055 TAMIAMI TRAIL STREET ADORESS CITY-ST-ZP PORT CHARLOTTE, FL 33952 CITY-ST-ZP TITLE Detete тт ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CTTY-ST-ZP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 507, 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.

FILED Mar 22, 2004 8:00 am

3/7/04 (941) 624-637