

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000123200

**FILED  
Apr 29, 2004  
Secretary of State**

**Entity Name:** PLANT CITY PAIN REHABILITATION CENTER, PA.

**Current Principal Place of Business:**

2007 W REYNOLDS STREET STE B  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

2007 W REYNOLDS STREET STE B  
PLANT CITY, FL 33567

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICHTER, JOSEPH  
2007 W REYNOLDS STREET STE B  
PLANT CITY, FL 33567      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:                      D                      ( ) Delete  
Name:                      RICHTER, JOSEPH  
Address:                      4706 N KEENE ROAD  
City-St-Zip:                      PLANT CITY, FL 33565

Title:                      D                      ( ) Delete  
Name:                      HARTMETT, PATRICK B  
Address:                      3811 MIDWAY ROAD  
City-St-Zip:                      PLANT CITY, FL 33565

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JOSEPH RICHTER

D

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date