

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90079 010 ***150.00

DOCUMENT # P03000123200
 1. Entity Name
 PLANT CITY PAIN REHABILITATION CENTER, PA.



Principal Place of Business: 2007 W REYNOLDS STREET STE B, PLANT CITY, FL 33567
 Mailing Address: 2007 W REYNOLDS STREET STE B, PLANT CITY, FL 33567

40046517



2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: Zip, Country

01152007 Chg-P CR2E034 (12/06)

4. FEI Number: 41-2114958 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: RICHTER, JOSEPH, 2007 W REYNOLDS STREET STE B, PLANT CITY, FL 33567
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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: *Joseph Richter* DATE: 3/27/07

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: RICHTER, JOSEPH STREET ADDRESS: 4706 N KEENE ROAD CITY-ST-ZIP: PLANT CITY, FL 33565	<input type="checkbox"/> Delete	TITLE: <i>Joseph L. Richter</i> NAME: <i>Joseph L. Richter</i> STREET ADDRESS: <i>4702 N Keene Road</i> CITY-ST-ZIP: <i>Plant City FL 33565</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HARTMETT, PATRICK B STREET ADDRESS: 3811 MIDWAY ROAD CITY-ST-ZIP: PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Delete	TITLE: <i>A. M. Arain</i> NAME: <i>A. M. Arain</i> STREET ADDRESS: <i>402 N. Plant Ave</i> CITY-ST-ZIP: <i>Plant City, FL 33563</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Joseph Richter* DATE: 3/27/07 DAYTIME PHONE #: 8137544242