2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2007 8:00 am DOCUMENT # P04000049718 **Secretary of State** 1. Entity Namo 03-12-2007 90087 005 ***158.75 LIFE WITHOUT PAIN MANAGEMENT, INC. Mailing Address Principal Place of Business 2400 E. COMMERCIAL BLVD. 2400 E. COMMERCIAL BLVD. SUITE 500 SUITE 500 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-0850606 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWMAN, IRWIN J Street Address (P.O. Box Number is Not Acceptable) 2400 E. COMMERCIAL BLVD. SUITE 500 FT. LAUDERDALE FL 33308 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 Signature, typed or printed name of registered agent and tifle it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TETLE Chairman IRVIN FreedMAN NEWMAN, IRWIN J NAME: NAME 2400 E. Comprescial Blod Suite 500 2400 E. COMMERCIAL BLVD., SUITE 500 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 Ft. Lauderdale, Fl. 33308 CITY-ST-ZIP CHY SE 7IP Delete VICE ChAIRMAN Steven B. Freedman TITLE HILL Change Addition KLEIN, GERARD I NAMI NAMI 2400 E. COMMERCIAL Blud. Suite 500 2400 E. COMMERCIAL BLVD., SUITE 500 STREET ADDRESS STREET ADORESS FT. LAUDERDALE FL 33308 Ft. Lauderdale, Fl. 33308 CITY - ST - 7tP CHY SI-7IP 100 ☐ Delete HILL ☐ Change Addition GIBBS, DONALD R NAME NAME. 2400 E. COMMERCIAL BLVD., SUITE 500 STREET ADDRESS STREET ADDRESS CITY ST 7IP FT. L'AUDERDALE FL 33308 CITY SI ZIP HIDE ☐ Delete THEF ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY-ST 7IP MU ☐ Defete Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP Change ☐ Addition THEF ☐ Delete 111116 NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trusted 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

EWIN J. NEWMAN

FILED