

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049718

FILED
Mar 07, 2008
Secretary of State

Entity Name: LIFE WITHOUT PAIN MANAGEMENT, INC.

Current Principal Place of Business:

2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-0850606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWMAN, IRWIN J
2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

HOLDEN, MICHAEL B
2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308 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: MICHAEL HOLDEN

03/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NEWMAN, IRWIN J
Address: 2400 E. COMMERCIAL BLVD., SUITE 500
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: GIBBS, DONALD R
Address: 2400 E. COMMERCIAL BLVD., SUITE 500
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: C () Delete
Name: FREEDMAN, IRVIN
Address: 2400 E. COMMERCIAL BLVD., 500
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VC (X) Delete
Name: FREEDMAN, STEVEN B
Address: 2400 E. COMMERCIAL BLVD., 500
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change () Addition
Name: GIBBS, DONALD R
Address: 2400 E. COMMERCIAL BLVD., SUITE 500
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: C (X) Change () Addition
Name: FREEDMAN, IRVIN
Address: 2400 E. COMMERCIAL BLVD., SUITE 500
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VC (X) Change () Addition
Name: FREEDMAN, STEVEN B
Address: 2400 E. COMMERCIAL BLVD., 500
City-St-Zip: FORT LAUDERDALE, FL 33308

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONALD GIBBS

S/D

03/07/2008

Electronic Signature of Signing Officer or Director

Date