

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055164

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: MIAMI PAIN & DIAGNOSTICS INC.

**Current Principal Place of Business:**

2601 SW 37TH AVE SUITE 802  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2601 SW 37TH AVE SUITE 802  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 20-0959561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOUHANNA, JOSEPH E  
2601 SW 37 AVE.,  
SUITE 802  
MIAMI, FL 33133 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: MOUHANNA, JOSEPH  
Address: 2601 SW 37TH AVE SUITE 802  
City-St-Zip: MIAMI, FL 33133

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

Title: MD (X) Change ( ) Addition  
Name: MOUHANNA, JOSEPH  
Address: 2601 SW 37TH AVE SUITE 802  
City-St-Zip: MIAMI, FL 33133

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: JOSEPH MOUHANNA, MD

MD

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date