## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** FILED Feb 07, 2006 08:00 AM Secretary of State **DOCUMENT # P04000073411** 1. Entity Name SOUTH MAIN PAIN, INC. Mailing Address Principal Place of Business 607 S MAIN STREET SUITE 102 7024 CHARLESTON SHORES BLVD LAKE WORTH, FL 33467 BELLE GLADE, FL 33430 No Cha-P CR2E034 (11/05) 01122006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0813312 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE NAME RIDKY, RICHARD J DR. 607 S MAIN STREET SUITE 102 STREET ADDRESS U00000424294 CITY-ST-ZIP BELLE GLADE, FL 33430 02/18/06-80044-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-53-ZIP

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 cath; 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

THE AMERICAN CHARLE OF SIGNING OFFICER OR DIRECTOR

12/30/05

Daytime Phone