

FILED
Apr 25, 2007 8:00 am
Secretary of State

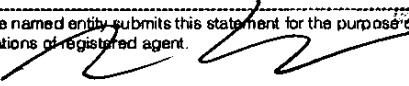
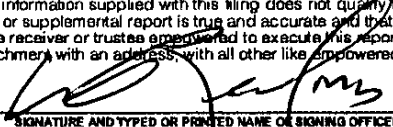
04-25-2007 90165 047 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

40079852



04102007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000124142					
1. Entity Name SEBRING PAIN MANAGEMENT & REHABILITATION CENTER, INC.					
Principal Place of Business 4210 BUNKER DRIVE SEBRING, FL 33872 US			Mailing Address 4210 BUNKER DRIVE SEBRING, FL 33872 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1643567	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RITENOUR, ANTHONY L ESQ. 551 SOUTH COMMERCE AVENUE SEBRING, FL 33870				7. Name and Address of New Registered Agent Name LeConey, Scott R. Street Address (P.O. Box Number is Not Acceptable) 401 Dal Hall Blvd. City Lake Placid FL Zip Code 33852	
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  Scott R. LeConey April 18, 2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	P REID, WITFORD L MD 4210 BUNKER DRIVE SEBRING, FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP REID, INGA P 4210 BUNKER DRIVE SEBRING, FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 			Date 4/19/07 Daytime Phone:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					