## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 08:00 Al Secretary of State

ANI	ANNUAL REPORT					
DOCUMENT # P04000124142  I. Entity Name SEBRING PAIN MANAGEMENT & REHABILITATION CENTER, INC.						
Principal Place of Business	Mailing Address					
4210 BUNKER DRIVE SEBRING, FL 33872 US	4210 BUNKER DRIVE SEBRING, FL 33872 US					

OLIVI EIX,	, 1146.						
Principal Plac	e of Business M	ailing Address		7			
4210 BUNKE		1210 BUNKER DRIVE					
SEBRING, FL	33872 US 5	SEBRING, FL 33872 US					
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	•			02242000	No Chg-P CR2	DE034 (41/05)	
DO NOT WRITE IN THIS SPACE		`F					
	O NOT WITH I	A TITIO OI A	JL	4. FÉI Numb 42-164		Applied For Not Applicable	
					of Status Desired	\$8.75 Additional	
	8 Name and Address of Courset Desir	Second Second		J, Certificate	Of Status Desired	Fee Required	
	6. Name and Address of Current Regis	stered Agent				1	
	, SCOTT R			DO	<b>NOT WRIT</b>	r <b>e</b>	
	IALL BLVD CID, FL 33852						
				IN T	THIS SPAC	E	
8. The above	named entity submits this statement for the	ourpose of changing its registers	d office or regist	ered agent, or bo	th, in the State of Florida, 1	am familiar with, and accept	
the obligat	ions of registered agent,		-	•			
SIGNATURE.							
····	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	I Agent signature requir	ed when reinstating)	DA*	[E	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		5.00 May Be ided to Fees		,	
10.	OFFICERS AND DIRE	CTORS			ununnassi	1143	
TITLE	Р				04/15/08-80	0143 049-005 150.00	
NAME STREET ADDRESS	REID, WITFORD L MD 4210 BUNKER DRIVE						
CITY-ST-ZIP	SEBRING, FL 33872	•					
TITLE	VP	· · · · · · · · · · · · · · · · · · ·					
NAME	REID, INGA P						
STREET ADDRESS CITY-ST-ZIP	4210 BUNKER DRIVE SEBRING, FL 33872						
TITLE	S						
NAME	REID, WITFORD L MD						
STREET ADDRESS CITY-ST-ZIP	4210 BUNKER DRIVE			DO	NOT WRIT	ΓE Ι	
TITLE	SEBRING, FL 33872						
NAME	REID, WITFORD L MD			IN	THIS SPAC	<b> </b>	
STREET ADDRESS	4210 BUNKER DRIVE						
CITY-ST-ZIP	SEBRING, FL 33872						
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME STREET ADDRESS							
City-St-Zip							
12. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is true	iling does not qualify for the exe and accurate and that my signat	mptions containe ure shall have the	ed in Chapter 119 same legal effec	9. Florida Statutes. I further ct as if made under oath; tha	certify that the information at I am an officer or director	

14.1 Thereby 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 direction 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 changed, or on an attachment with an exercise, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04/01/08

Daytime Phone #