

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 13, 2006 8:00 am
Secretary of State**

04-13-2006 90316 008 ***150.00

DOCUMENT # P04000137953		
1. Entity Name PAIN MANAGEMENT INSTITUTE OF FLORIDA, P.A.		

Principal Place of Business 1424 US HWY ONE STE A SEBASTIAN, FL 32958	Mailing Address 1424 US HWY ONE STE A SEBASTIAN, FL 32958
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2. Principal Place of Business 1008 VIRGINIA AVE Suite, Apt. #, etc.	3. Mailing Address 1008 VIRGINIA AVE Suite, Apt. #, etc.
City & State FT PIERCE 34982	City & State FT Pierce 34982
Country USA	Country USA

6. Name and Address of Current Registered Agent KHALAF, MAJID R 5240 93RD LN SEBASTIAN, FL 32958	Name
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHALAF, MAJID R 5240 93RD LN SEBASTIAN, FL 32958	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *M Khalaf* MAJID R KHALAF 772-561-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #