2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005
Secretary of State

DOCUMENT# P04000138159

Entity Name: PAIN MANAGEMENT & REHABILITATION CLINIC, INC.

Current Principal Place of Business:

8303 NORTH 46TH STREET
TAMPA, FL 33617 US

New Principal Place of Business:

8319 NORTH 40TH STREET
TAMPA, FL 33604 US

Current Mailing Address:

8303 NORTH 46TH STREET
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 20-1727235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESTRADA, FRANCISCO T JR
8303 NORTH 46TH STREET
TAMPA, FL 33617 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ESTRADA, FRANCISCO T JR
Address: 8303 NORTH 46TH STREET
City-St-Zip: TAMPA, FL 33617 US

Title: VP ( ) Delete
Name: ESTRADA, AMY D
Address: 8303 NORTH 46TH STREET
City-St-Zip: TAMPA, FL 33617 US

Title: S, T ( ) Delete
Name: ESTRADA, FRANCISCO T JR
Address: 8303 NORTH 46TH STREET
City-St-Zip: TAMPA, FL 33617 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AMY D. ESTRADA VP 05/13/2005

Electronic Signature of Signing Officer or Director Date