2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# P05000012156

Entity Name: UNIVERSITY CENTER FOR INTERVENTIONAL PAIN MANAGEMENT, INC.

Current Principal Place of Business:

698 BRENT LANE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

698 BRENT LANE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-2149988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEGGS & LANE, RLLP.
501 COMMENDENCIA ST
PENSACOLA, FL 32502 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BUCHALTER, JEFF L DR.
Address: 698 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: FAIRLEIGH, DAVID E DR.
Address: 698 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: KRUEGER, KURT A
Address: 698 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: BUCHALTER, JEFF L DR.
Address: 698 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: D/VP (X) Change ( ) Addition
Name: FAIRLEIGH, DAVID E DR.
Address: 698 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: D/S (X) Change ( ) Addition
Name: KRUEGER, KURT A
Address: 698 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JEFF L. BUCHALTER, M.D. D/P 03/17/2006

Electronic Signature of Signing Officer or Director Date