


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2006 90276 024 ***150.00

DOCUMENT # P05000015503							
1. Entity Name C.J. COMPREHENSIVE PAIN MANAGEMENT OF SOUTH FLORIDA, P.A.							
Principal Place of Business 600 N.W. 35TH AVE., STE #201 MIAMI, FL 33125			Mailing Address 600 N.W. 35TH AVE., STE #201 MIAMI, FL 33125				
2. Principal Place of Business 5321 SW 87 Ave Suite, Apt. #, etc.		3. Mailing Address 5321 SW 87 Ave Suite, Apt. #, etc.					
City & State Miami FL		City & State Miami FL		4. FEI Number 20-225 4973			
Zip 33165		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONCEPCION, PABLO W 5321 S.W. 87TH AVE MIAMI, FL 33165			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE MAR 31 2006			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE D	NAME ALVAREZ-JACINTO, MARIA D		<input type="checkbox"/> Delete	TITLE D/S	NAME MARIA D ALVAREZ-JACINTO		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 113 F KING PARK DR.	CITY - ST - ZIP LIVERPOOL, NY 13090			STREET ADDRESS 5321 S.W. 87 AVE	CITY - ST - ZIP MIAMI FL 33165		
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE P/D	NAME PABLO W. CONCEPCION		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS _____	CITY - ST - ZIP _____			STREET ADDRESS 5321 S.W. 87 AVE	CITY - ST - ZIP MIAMI FL 33165		
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	NAME _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY - ST - ZIP _____			STREET ADDRESS _____	CITY - ST - ZIP _____		
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	NAME _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY - ST - ZIP _____			STREET ADDRESS _____	CITY - ST - ZIP _____		
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	NAME _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY - ST - ZIP _____			STREET ADDRESS _____	CITY - ST - ZIP _____		
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 reports 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/7/06 205 992 0912 <small>Date Daytime Phone #</small>			