
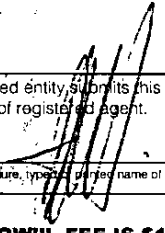
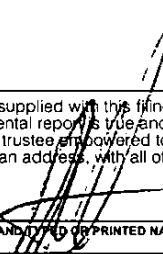


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90037 044 ***150.00

DOCUMENT # P05000015503 1. Entity Name C.J. COMPREHENSIVE PAIN MANAGEMENT OF SOUTH FLORIDA, P.A.			
Principal Place of Business 5321 SW 87 AVE MIAMI, FL 33165		Mailing Address 5321 SW 87 AVE MIAMI, FL 33165	
2. Principal Place of Business - No P.O. Box # 6901 SW 98 street		3. Mailing Address 6901 SW 98 street	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Pinecrest, FL		City & State Pinecrest, FL	
Zip 33156	Country USA	Zip 33156	Country USA
4. FEI Number 20-2254973		Applied For <input type="checkbox"/> Not Applicable	
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) 6901 SW 98 street City Pinecrest, FL Zip Code 33156	
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  (NOTE: Registered Agent signature required when reinstating) DATE 2/5/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALVAREZ-JACINTO, MARIA D 5321 SW 87 AVE MIAMI, FL 33165	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONCEPCION, PABLO W 5321 SW 87 AVE MIAMI, FL 33165	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 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: 		Date 2/5/07 Daytime Phone #	