2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# P05000046769

Entity Name: PAIN MANAGEMENT CONSULTANTS OF SOUTHWEST FLORIDA, P.A.

Current Principal Place of Business:

4048 EVANS AVE - STE 303
FT MYERS, FL 33901

New Principal Place of Business:

23 BARKLEY CIRCLE
FT MYERS, FL 33907 US

Current Mailing Address:

P.O. BOX 7440
FT. MYERS, FL 339117440

New Mailing Address:

P.O. BOX 7440
FT. MYERS, FL 339117440 US

FEI Number: 20-2587269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BLVD
STE 320
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD
FT MYERS, FL 33919 US

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: 04/17/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Change (X) Addition
Name: MAHANEY, JR., GENE D M.D.
Address: P.O. BOX 7440
City-St-Zip: FORT MYERS, FL 339117440 US

Title: DVS ( ) Change (X) Addition
Name: ACOSTA, GILBERTO M.D.
Address: P.O. BOX 7440
City-St-Zip: FORT MYERS, FL 339117440 US

Title: DVT ( ) Change (X) Addition
Name: MICOVIC, VELIMIR M.D.
Address: P.O. BOX 7440
City-St-Zip: FORT MYERS, FL 339117440 US

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: GENE D. MAHANEY, JR., M.D. DP 04/17/2006
Electronic Signature of Signing Officer or Director — Date