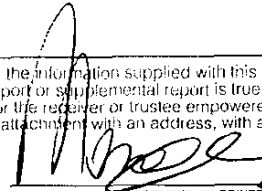


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90041 038 ***150.00

DOCUMENT # P05000077885 1. Entity Name PALM BAY PAIN & RELIEF CENTER, INC.					
Principal Place of Business 1071 PORT MALABAR BOULEVARD NE SUITE #206 PALM BAY, FL 32905			Mailing Address 3766 NE 3RD AVENUE POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box # 901 EAST SAMPLE ROAD		3. Mailing Address 901 EAST SAMPLE ROAD			
Suite, Apt. #, etc. SUITE J		Suite, Apt. #, etc. SUITE J			
City & State POMPANO BEACH FL		City & State POMPANO BEACH FL		4. FEI Number 16-1725244	
Zip 33064		Country USA		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROCHETTE, MANOUCHKA 3766 NE 3RD AVENUE POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 901 EAST SAMPLE ROAD, STE J City POMPANO BEACH FL Zip Code 33064		
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's signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	P PROCHETTE, MANOUCHKA 3766 N.E. 3RD AVE POMPANO BEACH, FL 33064	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 report 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 life 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:  MANOUCHKA PROCHETTE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1/30/08 954-876-0595					