
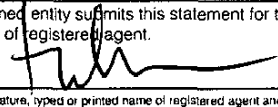
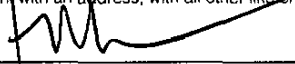


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90182 011 ***150.00

DOCUMENT # P05000097494 1. Entity Name NEUROLOGY & PAIN CENTER, INC.					
Principal Place of Business 5077 N.W. 7TH STREET UNIT 1705 MIAMI, FL 33126			Mailing Address P. O. BOX 17679 TAMPA, FL 33682		
2. Principal Place of Business - No P.O. Box # 8451 Shade Avenue		3. Mailing Address PO Box 17679			
Suite, Apt. #, etc. Suite 108		Suite, Apt. #, etc. 			
City & State Sarasota FL		City & State Tampa FL		4. FEI Number 20-3169031	
Zip 34043		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WUBBENA, TROY 5077 N.W. 7TH STREET UNIT 1705 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Troy Wubbena Street Address (P.O. Box Number is Not Acceptable) 1134 Casa Marina Way #103 City Tampa FL Zip Code 33635			
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  Troy Wubbena 4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
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	D <input type="checkbox"/> Delete WUBBENA, TROY 5077 N.W. 7TH STREET, UNIT 1705 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wubbena, Troy 1134 Casa Marina Way #103 Tampa FL 33635		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 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:  Troy Wubbena 4/23/07 813-932-1903 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					