

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120782

FILED
Apr 07, 2006
Secretary of State

Entity Name: RELIEF PAIN DIAGNOSTIC CENTER, INC

Current Principal Place of Business:

3900 NW 79 AVE., STE. 219
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

3900 NW 79 AVE., STE. 219
MIAMI, FL 33166

New Mailing Address:

FEI Number: 14-1936752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, RAMIRO
3900 NW 79 AVE., STE. 219
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOMEZ, RAMIRO
Address: 3900 NW 79 AVE., STE. 219
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: GOMEZ, RAMIRO D
Address: 8729NW 107LANE
City-St-Zip: HIALEAH GARDENS, FL 33018

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: RAMIRO D GOMEZ

DPST

04/07/2006

Electronic Signature of Signing Officer or Director

Date