

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161690

Entity Name: BREVARD PAIN CARE, P.A.

FILED  
Jan 30, 2007  
Secretary of State

## Current Principal Place of Business:

190 SOUTH SYKES CREECK PARKWAY SUITE 1  
MERRITT ISLAND, FL 32952

## Current Mailing Address:

190 SOUTH SYKES CREECK PARKWAY SUITE 1  
MERRITT ISLAND, FL 32952

## New Principal Place of Business:

190 SOUTH SYKES CREECK PARKWAY  
SUITE 1  
MERRITT ISLAND, FL 32952

## New Mailing Address:

190 SOUTH SYKES CREECK PARKWAY  
SUITE 1  
MERRITT ISLAND, FL 32952

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EL-TOBGUI, MAHMOUD A.M.D.  
190 SOUTH SYKES CREECK PARKWAY  
MERRITT ISLAND, FL 32952 US

## Name and Address of New Registered Agent:

EL-TOBGUI, MAHMOUD A.M.D.  
190 SOUTH SYKES CREECK PARKWAY  
SUITE 1  
MERRITT ISLAND, FL 32952 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:

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: EL-TOBGUI, MAHMOUD A.M.A.  
Address: 190 SOUTH SYKES CREECK PARKWAY SUITE 1  
City-St-Zip: MERRITT ISLAND, FL 32952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAHMOUD A. EL-TOBGUI,M.D.

PRS.

01/30/2007

Electronic Signature of Signing Officer or Director

Date