

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008203

**FILED**  
**Mar 26, 2007**  
**Secretary of State**

**Entity Name:** TAMARAC PAIN CENTER, P.A.

**Current Principal Place of Business:**

8757 NW 57TH STREET  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

8757 NW 57TH STREET  
TAMARAC, FL 33351 US

**Current Mailing Address:**

2706 WEST ATLANTIC BOULEVARD  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

**FEI Number:** 20-4426904      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDLAND, LEE  
4486 SW 64TH AVENUE  
PLANTATION, FL 33314 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:** P ( ) Delete  
**Name:** MANIDIS, THOMAS M  
**Address:** 2706 WEST ATLANTIC BOULEVARD  
**City-St-Zip:** POMPAN BEACH, FL 33069 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

**Title:** VP ( ) Change (X) Addition  
**Name:** SICA, MATTHEW  
**Address:** 8757 NW 57TH STREET  
**City-St-Zip:** TAMARAC, FL 33351

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:** THOMAS MANIDIS

P

03/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date