

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P06000045261

1. Entity Name

PHYSICIAN PAIN MANAGEMENT, INC



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**FILED  
Sep 11, 2007 8:00 am  
Secretary of State**

08-13-2007 90022 023 \*\*\*550.00

66021906



2nd MOORE CR2E034 (4/07)

4. FEI Number: 56-2443583	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NORGELL, AILEEN N MD  
5962 CRYSTAL VIEW DR  
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when consolidated)

DATE

FILE NOW!!! FEE IS: \$550.00  
DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	<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
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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 a checkmark, with all other like empowered.

SIGNATURE: *A. Honey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #