

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049131

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: INNOVATIVE PAIN MANAGEMENT TECHNOLOGIES, INC.

## Current Principal Place of Business:

14471 S DIXIE HWY  
MIAMI, FL 33176

## New Principal Place of Business:

## Current Mailing Address:

14471 S DIXIE HWY  
MIAMI, FL 33176

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEDICINE MAN CENTER, INC.  
14471 S DIXIE HWY  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

BEGLEY, KAREN S  
14471 S DIXIE HWY  
MIAMI, FL 33176 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: KAREN SALSTEIN BEGLEY

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SALSTEIN BEGLEY, KAREN  
Address: 14471 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33176

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: SALSTEIN BEGLEY, KAREN  
Address: 14471 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Change (X) Addition  
Name: SIMS, CHRISTINE  
Address: 15730 PALMETTO CLUB DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Change (X) Addition  
Name: BEGLEY, NICHOLAS  
Address: 14225 S.W. 103 AVENUE  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify 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: KAREN SALSTEIN BEGLEY

P,D

04/30/2008

Electronic Signature of Signing Officer or Director

Date