2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# P06000149741

Entity Name: ADVANCED PAIN MANAGEMENT, INC.

Current Principal Place of Business:

325 CLYDE MORRIS BLVD
SUITE 400
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

325 CLYDE MORRIS BLVD
SUITE 400
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 38-3747267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BHALANI, KIRIT
680 JOHN ANDERSON DR
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

BHALANI, KIRIT
325 CLYDE MORRIS BLVD
STE 400
ORMOND BEACH, FL 32174 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: KIRIT BHALANI 01/24/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BHALANI, KIRIT MD
Address: 680 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176 US

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 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: KIRIT BHALANI DR 01/24/2008
Electronic Signature of Signing Officer or Director Date