


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90036 047 \*\*\*150.00

**DOCUMENT # P07000135398**  
 1. Entity Name  
**PAIN MANAGEMENT CENTER - BISCAYNE, INC.**



Principal Place of Business Mailing Address  
**10800 BISCAYNE BLVD 10800 BISCAYNE BLVD**  
**300 300**  
**MIAMI FL 33161 MIAMI FL 33161**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**12700 Biscayne Blvd 12700 Biscayne Blvd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 307 Suite 307**

City & State City & State  
**Miami, FL Miami, FL**

Zip Country Zip Country  
**33181 USA 33181 USA**

4. FEI Number **26-1650683** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  
**GLICK, RICHARD I**  
**4300 NORTH UNIVERSITY DRIVE**  
**B-200**  
**LAUDERHILL FL 33351**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of filing. (NOTE: Registered Agent's signature is required when changing.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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
P	PHILLIPS, JAMES B	341 N.W. 100TH AVENUE	PLANTATION FL 33324	<input type="checkbox"/>
VP	PHILLIPS, AVA B	341 N.W. 100TH AVENUE	PLANTATION FL 33325	<input type="checkbox"/>
TREA	PHILLIPS, NATHAN	400 COMMODORE DRIVE # 307	PLANTATION FL 33325	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like exemptions.

SIGNATURE: JAMES B PHILLIPS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR 12 2008**