

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135398

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** PAIN MANAGEMENT CENTER - BISCAYNE, INC.

**Current Principal Place of Business:**

12700 BISCAYNE BLVD  
SUITE #307  
MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

12700 BISCAYNE BLVD  
SUITE #307  
MIAMI, FL 33181 US

**New Mailing Address:**

**FEI Number:** 26-1650683      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GLICK, RICHARD I  
4300 NORTH UNIVERSITY DRIVE  
B-200  
LAUDERHILL, FL 33351 US

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

GLICK, RICHARD I  
4300 NORTH UNIVERSITY DRIVE  
A-106  
LAUDERHILL, FL 33351 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: RICHARD I. GLICK

03/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: PHILLIPS, JAMES B  
Address: 341 N.W. 100TH AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: VP  
Name: PHILLIPS, AVA B  
Address: 341 N.W. 100TH AVENUE  
City-St-Zip: PLANTATION, FL 33325

Title: TREA  
Name: PHILLIPS, NATHAN  
Address: 400 COMMODORE DRIVE # 307  
City-St-Zip: PLANTATION, FL 33325

I hereby 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 all other like empowered.

SIGNATURE: JAMES B PHILLIPS

MR

03/08/2010

Electronic Signature of Signing Officer or Director

Date