

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000051937

**FILED**  
**Mar 05, 2009**  
**Secretary of State****Entity Name:** ALL PAIN MANAGEMENT URGENT CARE INC.**Current Principal Place of Business:**3300 GRIFFIN RD  
DANIA BEACH, FL 33312**New Principal Place of Business:****Current Mailing Address:**3300 GRIFFIN RD  
DANIA BEACH, FL 33312**New Mailing Address:****FEI Number:** 26-2700582**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**RAMIREZ - BAEZ, SONIA M  
4242 N.W. 2ND STREET  
1404  
MIAMI, FL 33126 US**Name and Address of New Registered Agent:**ORTEGA, JOEL E  
7333 NW 174 TER  
107 G  
HIALEAH, FL 33015 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:** MAITE DEL REY

03/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** RAMIREZ - BAEZ, SONIA M  
**Address:** 3300 GRIFFIN RD  
**City-St-Zip:** DANIA BEACH, FL 33312**Title:** P ( ) Delete  
**Name:** DEL REY, MAITE  
**Address:** 340 WEST 55 STREET  
**City-St-Zip:** HIALEH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** ORTEGA, JOEL E  
**Address:** 3300 GRIFFIN RD  
**City-St-Zip:** DANIA BEACH, FL 33312**Title:** VP (X) Change ( ) Addition  
**Name:** DEL REY, MAITE  
**Address:** 340 WEST 55 STREET  
**City-St-Zip:** HIALEH, FL 33012

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:** MAITE DEL REY

VP

03/05/2009

Electronic Signature of Signing Officer or Director

Date