


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P93000018158 1. Entity Name SOUTH FLORIDA PAIN RELIEF MANAGEMENT, INC. |  |
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| Principal Place of Business 1490 W 49TH PLACE SUITE 390 HIALEAH, FL 33012 | Mailing Address 1490 W 49TH PLACE SUITE 390 HIALEAH, FL 33012 |
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0392790 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LOPEZ, CELESTINO 17275 COLLINS AVENUE SUITE 608 SUNNY ISLE BEACH, FL 33160 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LOPEZ, CELESTINO 17275 COLLINS AVENUE, SUITE 608 SUNNY ISLE BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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02/09/04-80010-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 affidavit, with all other like empowered.

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|--|--|----------------------|---------------------------------------|
| SIGNATURE:  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 2.2.4.04 | Daytime Phone # (305) 822-8899 |
|--|--|----------------------|---------------------------------------|