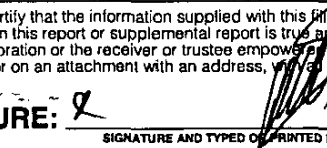


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90027 026 \*\*\*150.00

<b>DOCUMENT # P93000018158</b> 1. Entity Name <b>SOUTH FLORIDA PAIN RELIEF MANAGEMENT, INC.</b>					
Principal Place of Business <b>1490 W 49TH PLACE SUITE 390 HIALEAH, FL 33012</b>			Mailing Address <b>1490 W 49TH PLACE SUITE 390 HIALEAH, FL 33012</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01212005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-0392790</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOPEZ, CELESTINO 17275 COLLINS AVENUE SUITE 608 SUNNY ISLE BEACH, FL 33160</b>				7. Name and Address of New Registered Agent  Name <b>LOPEZ CELESTINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1490 W 49TH PLACE</b>  City <b>HIALEAH</b> <b>FL</b> Zip Code <b>33012</b>	
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 <b>2-3-18-05</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, CELESTINO 17275 COLLINS AVENUE, SUITE 608 SUNNY ISLE BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, CELESTINO P.O. BOX 4010 HIALEAH, FL 33014
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 address, or as a power like empowered.					
SIGNATURE: 				DATE <b>2-3-18-05</b> DAYTIME PHONE # <b>235-822-8855</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					