


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90261 014 ***150.00

DOCUMENT # P93000032839 1. Entity Name PAIN MANAGEMENT CONSULTANTS, APRIL QUINONES, M.D., P.A.	
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Principal Place of Business 2300 S. CONGRESS AVE. 108 BOYNTON BEACH, FL 33426 US	Mailing Address 6304 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435
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ZUUU1500



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0412082	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 QUINONES, JOSE 6304 N OCEAN BLVD. OCEAN RIDGE, FL 33435

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	<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINONES, APRIL MD 6304 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	01-12-06 <small>Date</small>	561-737-1325 <small>Daytime Phone #</small>
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