2005 FOR PROFIT CORPORATION

Jan 10, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P93000063480 01-10-2005 90023 038 ***150.00 WEST FLAGLER PAIN CARE CENTER, INC. Principal Place of Business Mailing Address 40000064 3080 W FLAGLER ST 3080 W FLAGLER ST MIAMI, FL 33125 MIAMI, FL 33125 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0435230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHUN CHUNG, MELODY W DO NOT WRITE 3080 W-FLAGLER ST MIAMI, FL 33125 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CHUNG, MELODY W. STREET ADORESS 3080 W. FLAGLER ST. CITY-ST-ZIP MIAMI, FL 33125 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

DO NOT WRITE IN THIS SPACE

FILED

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 charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP