


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000093726

1. Entity Name
CENTER FOR THE TREATMENT OF PAIN, P.A.



Principal Place of Business Mailing Address
3385 BURNS ROAD, SUITE 204 **3385 BURNS ROAD, SUITE 204**
PALM BEACH GARDENS FL 33410 **PALM BEACH GARDENS FL 33410**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

ISIL, NEAL H
3385 BURNS ROAD, SUITE 204
PALM BEACH GARDENS FL 33410

4. FEI Number Applied For
65-0578851 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P. O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

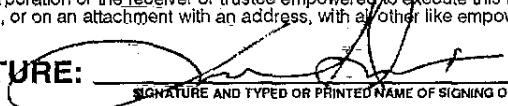
10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVTS ISIL, NEAL H 3385 BURNS RD., # 204 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| U00000260643 03/12/05-80033-013 150.00 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <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)(f), 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:  **NEAL H. ISIL, MD** **3/9/05** **(561) 626-0896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #