

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078284

FILED
Jan 18, 2007
Secretary of State

Entity Name: FLORIDA PAIN MANAGEMENT PHYSICIANS, P.A.

Current Principal Place of Business:

5319 GRAND BLVD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5622 MARINE PKWY
SUITE 12
NEW PORT RICHEY, FL 34652

Current Mailing Address:

PO BOX 1209
NEW PORT RICHEY, FL 346561209

New Mailing Address:

FEI Number: 11-3293786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERNST, BRUCE R
5319 GRAND BLVD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

ERNST, BRUCE R
5622 MARINE PKWY
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: _____

01/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERNST, BRUCE R
Address: 5319 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ST () Delete
Name: ERNST, PETER S
Address: 5319 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ERNST, BRUCE R
Address: 5622 MARINE PKWY STE 12
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ST (X) Change () Addition
Name: ERNST, PETER S
Address: 5622 MARINE PKWY
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE R ERNST

P

01/18/2007

Electronic Signature of Signing Officer or Director

Date