


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90357 043 \*\*\*150.00

<b>DOCUMENT # P96000013398</b>	
1. Entity Name <b>THE FOUNDATION FOR PAIN MANAGEMENT, INC.</b>	

Principal Place of Business <b>1600 S. FEDERAL HIGHWAY STE 921 POMPANO BCH, FL 33060 US</b>	Mailing Address <b>333 S. OXFORD VALLEY RD. SUITE 606 FAIRLESS HILLS, PA 19030</b>
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**60029501**



2. Principal Place of Business <b>333 S. OXFORD VALLEY RD</b>	3. Mailing Address
Suite, Apt. #, etc. <b>SUITE 606</b>	Suite, Apt. #, etc.
City & State <b>FAIRLESS HILLS PA</b>	City & State
Zip <b>19030</b>	Country <b>USA</b>

04112006 Chg-P CR2E034 (11/05)

4. FEI Number <b>23-2848583</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>COSTELLO, THOMAS 2300 DIANA DRIVE SUITE 204 HALLANDALE BEACH, FL 33009</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, THOMAS D.O. 2300 DIANA DRIVE SUITE 204 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** THOMAS COSTELLO 4-16-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #