

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029503

FILED
Feb 10, 2004
Secretary of State

Entity Name: PALM BEACH INSTITUTE OF PAIN MANAGEMENT, INC.

Current Principal Place of Business:

2150 LAKE IDA ROAD STE 5
DELRAY BEACH, FL 33445

New Principal Place of Business:

2401 SOUTH SEACREST BLVD
BOYNTON BEACH, FL 33435

Current Mailing Address:

2150 LAKE IDA ROAD STE 5
DELRAY BEACH, FL 33445

New Mailing Address:

2401 SOUTH SEACREST BLVD
BOYNTON BEACH, FL 33435

FEI Number: 65-0663703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGHER, SAMI I
6000 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DAGHER, SAMI I
Address: 6000 N. OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33435

Title: S () Delete
Name: MACMULLEN, NANCY
Address: 2150 LAKE IDA RD #5
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMI DAGHER

D

02/10/2004

Electronic Signature of Signing Officer or Director

_____ Date