

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90023 036 \*\*\*150.00

<b>DOCUMENT # P96000045065</b>					
<b>1. Entity Name</b> GATEWAY PAIN RELIEF CENTER, INC.					
<b>Principal Place of Business</b> 4650 NORWOOD AVE JACKSONVILLE, FL 32206			<b>Mailing Address</b> 4650 NORWOOD AVE JACKSONVILLE, FL 32206		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 1800 SR 207			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> St. Augustine FL		<b>4. FEI Number</b> 59-3381263	
<b>Zip</b>		<b>Country</b> 32086		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> JACOBS, KERI 5420 ATLANTIC VIEW SAINT AUGUSTINE, FL 32084			<b>7. Name and Address of New Registered Agent</b> Name: Jacobs, Keri Street Address (P.O. Box Number is Not Acceptable): 1800 SR 207 City: St. Augustine FL Zip Code: 32086		
<b>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.</b> SIGNATURE: _____ DATE: 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> JACOBS, CAMERON <b>STREET ADDRESS</b> 4650 NORWOOD AVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Jacobs, Cameron <b>STREET ADDRESS</b> 1800 SR 207 <b>CITY-ST-ZIP</b> St. Augustine FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 changed, or on an attachment with an address, with all other like empowered.</b> SIGNATURE: _____ DATE: 4/15/05 <small>Signature, typed or printed name of signing officer or director</small>					