

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060230

FILED
Feb 11, 2005
Secretary of State

Entity Name: PAIN CONSULTANTS OF FLORIDA, P.A.

Current Principal Place of Business:

3990 SHERIDAN ST
STE 103
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0680977 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

US REGISTERED AGENTS INC
329 GRANELLO AVE
CORAL GABLES, FL 33146 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: PVST () Delete
Name: LEHMANN, LANCE
Address: 19470 39TH CT
City-St-Zip: MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: LEHMANN, LANCE
Address: 1270 HATTERAS LANE
City-St-Zip: HOLLYWOOD, FL 33019

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: LANCE LEHMANN

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02/11/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date