2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 30, 2007
Secretary of State

DOCUMENT# P97000096017

Entity Name: S.W. FLORIDA PAIN CENTER, INC.

Current Principal Place of Business:

1988 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

19621 COCHRAN BLVD
UNIT #1
PORT CHARLOTTE, FL 33948 US

Current Mailing Address:

1988 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

19621 COCHRAN BLVD
UNIT #1
PORT CHARLOTTE, FL 33948 US

FEI Number: 65-0797144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, BONNIE
1988 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

ACOSTA, BONNIE
19621 COCHRAN BLVD
UNIT #1
PORT CHARLOTTE, FL 33948 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: 05/30/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ACOSTA, ABELARDO E MD
Address: 1988 KINGS HIGHWAY
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: D ( ) Delete
Name: VALENTE, LOUIS K MD
Address: 1988 KINGS HIGHWAY
City-St-Zip: PORT CHARLOTTE, FL 33980 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ACOSTA, ABELARDO E MD
Address: 19621 COCHRAN BLVD UNIT 1
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D (X) Change ( ) Addition
Name: VALENTE, LOUIS K MD
Address: 19621 COCHRAN BLVD UNIT 1
City-St-Zip: PORT CHARLOTTE, FL 33948 US

I hereby certify that the information supplied with this filing does not qualify 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: A ACOSTA DIR 05/30/2007
Electronic Signature of Signing Officer or Director — Date