
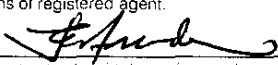



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90001 038 \*\*\*158.75

<b>DOCUMENT # P98000012543</b> 1. Entity Name <b>PAIN SPECIALIST OF ORLANDO, INC.</b>					
Principal Place of Business <b>6003 SILVER STAR ROAD #3 ORLANDO, FL 32808</b>			Mailing Address <b>6003 SILVER STAR RD. SUITE I ORLANDO, FL 32808</b>		
2. Principal Place of Business <b>6005 SILVER STAR RD.</b>		3. Mailing Address <b>P.O. BOX 680977</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO</b>		4. FEI Number <b>59-3492200</b>	
Zip <b>32808</b>		Country <b>U.S.</b>		Zip <b>FL</b>	
Country <b>U.S.</b>		Zip <b>FL</b>		Country <b>32868</b>	
6. Name and Address of Current Registered Agent  <b>ESTRADA, JUANITO T 6001 SILVER STAR RD. ORLANDO, FL 32808</b>			7. Name and Address of New Registered Agent Name <b>JUANITO T. ESTRADA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6005 SILVER STAR RD.</b> City <b>ORLANDO, FL</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.  SIGNATURE 			DATE <b>6-16-04</b>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRADA, JUANITO T 6003 SILVER STAR RD. STE. I ORLANDO, FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHM ESTRADA, LUNINGNING 6003 SILVER STAR ROAD, STE. I ORLANDO, FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			DATE <b>6-16-04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>(407) 24-5494</b>		