

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000024609

FILED
Sep 19, 2005
Secretary of State

Entity Name: CENTER FOR PAIN MANAGEMENT AND ORTHOPAEDIC REHABILITATION, INC.

Current Principal Place of Business:

800 EAST CYPRESS CREEK ROAD SUITE 203
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

800 EAST CYPRESS CREEK ROAD SUITE 203
FT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 65-0819616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSENTINO, STEPHEN C
800 E. CYRESS CREEK RD #203
FORT LAUDERDALE, FL 33334 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COSENTINO, STEPHEN C
Address: 800 E. CYPRESS CREEK RD, SUITE 203
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEPHEN C. COSENTINO

DR.

09/19/2005

Electronic Signature of Signing Officer or Director

Date