

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050571

FILED
Jan 20, 2004
Secretary of State

Entity Name: SOUTH MIAMI PAIN & REHAB CENTER, INC.

Current Principal Place of Business:

8415 CORAL WAY
SUITE 204
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8415 CORAL WAY
SUITE 204
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0840771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, MICHAEL P
9420 SW 77 AVE, SUITE 100
MIAMI, FL 33156

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: PD () Delete
Name: NEWMAN, MICHAEL P
Address: 7775 SW 87TH AVE #100
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: FRIEDMAN, LOREN
Address: 464 MARINER DR
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL NEWMAN

PD

01/20/2004

Electronic Signature of Signing Officer or Director

Date