


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90006 010 ***150.00

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|---|---|
| DOCUMENT # P98000052003 1. Entity Name SOUTH BROWARD PAIN & REHAB CENTER, INC. |  |
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| Principal Place of Business 6049 MIRAMAR PARKWAY MIRAMAR, FL 33023 | Mailing Address 6049 MIRAMAR PARKWAY MIRAMAR, FL 33023 |
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03052005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 06-8443995 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MILLER, ERIC 6049 MIRAMAR PARKWAY MIRAMAR, FL 33023 |
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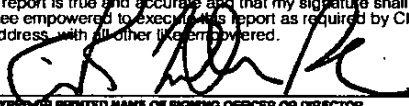
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS: \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, ERIC 6049 MIRAMAR PARKWAY MIRAMAR, FL 33023 |
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| 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:  03/31/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |