


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90399 035 \*\*\*150.00

**DOCUMENT # P98000068508**

1. Entity Name  
**PAIN MANAGEMENT SPECIALISTS OF NORTH FLORIDA, P.A.**



Principal Place of Business <b>105 SOUTHPARK BLVD          SUITE A-102          ST. AUGUSTINE, FL 32086</b>	Mailing Address <b>1093 A1A BEACH BLVD.          SUITE 390          ST.AUGUSTINE, FL 32080</b>
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40075530



2. Principal Place of Business <b>1301 Plantation Island Dr.</b>	3. Mailing Address
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Suite, Apt. #, etc. <b>Suite 301</b>	Suite, Apt. #, etc.
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04192006 Chg-P CR2E034 (11/05)

City & State <b>St. Augustine, FL</b>	City & State
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4. FEI Number <b>59-3523458</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32080</b> Country	Zip Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MONZON, RAUL A          105 SOUTHPARK BLVD.          SUITE A-102          ST. AUGUSTINE, FL 32086</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>1301 Plantation Island Dr. Suite 301</b>	
City <b>St. Augustine</b> <b>FL</b>	Zip Code <b>32080</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: *[Signature]* DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P MONZON, RAUL A 105 SOUTHPARK BLVD.SUITE A-102 ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1301 Plantation Island Dr., Suite 301          St. Augustine, FL 32080</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder 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: *[Signature]* DATE: 4/25/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #