

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000079180

FILED  
Feb 21, 2004  
Secretary of State

Entity Name: ORLANDO PAIN & MEDICAL REHABILITATION CENTER, INC.

## Current Principal Place of Business:

5920 RED BUY LAKE RD.  
WINTER SPRINGS, FL 32708 US

## New Principal Place of Business:

5920 RED BUG LAKE RD.  
WINTER SPRINGS, FL 32708 US

## Current Mailing Address:

5920 RED BUY LAKE RD.  
WINTER SPRINGS, FL 32708 US

## New Mailing Address:

P.O.BOX 160491  
CLEARFIELD, UT 84016 US

FEI Number: 59-3555278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNS, BRIAN  
1608 FOX GLEN CT  
WINTER SPRINGS, FL 32708

## Name and Address of New Registered Agent:

BURNS, BRIAN  
5920 RED BUG LAKE RD  
WINTER SPRINGS, FL 32708

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: BRIAN D. BURNS

02/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BURNS, BRIAN  
Address: 1608 FOXGLEN CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: OLIVEROS, PEDRO  
Address: 352 TWELVE OAKS DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S ( ) Change (X) Addition  
Name: ARELLANO, CHRISTINE L  
Address: 1234 INVERNESS DR  
City-St-Zip: SYRACUSE, UT 84067 US

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: BRIAN D. BURNS

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02/21/2004

Electronic Signature of Signing Officer or Director

Date