

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000104936**

1. Entity Name  
**PAIN RELIEF INSTITUTE, INC.**



Principal Place of Business  
**1755 UNIVERSITY BLVD. WEST  
JACKSONVILLE, FL 32217**

Mailing Address  
**2221 SEGOVIA AVENUE  
JACKSONVILLE, FL 32217**



02032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3554049**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MUZAURIETA, AURELIO A  
2221 SEGOVIA AVENUE  
JACKSONVILLE, FL 32217**

**DO NOT WRITE  
IN THIS SPACE**

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 *Aurelio A. Muzaurieta* **Aurelio A. Muzaurieta** 2/7/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
FLOREZ, GERARDO M M.D.  
13 ARBOR CLUB DR., APT 317  
PONTE VEDRA BEACH, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
MUZAURIETA, AURELIO A  
2221 SEGOVIA AVENUE  
JACKSONVILLE, FL 32217**

TITLE  
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STREET ADDRESS  
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CITY - ST - ZIP

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02/17/05-80033-003 150.00

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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: *Aurelio A. Muzaurieta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 (904) 737-7878  
Date Daytime Phone #