

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104936

Entity Name: PAIN RELIEF INSTITUTE, INC.

FILED
Sep 08, 2006
Secretary of State

Current Principal Place of Business:

1755 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

2221 SEGOVIA AVENUE
JACKSONVILLE, FL 32217

New Mailing Address:

1755 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32217

FEI Number: 59-3554049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FLOREZ, GERARDO M M.D.
Address: 13 ARBOR CLUB DR., APT 317
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: MUZAURIETA, AURELIO A
Address: 2221 SEGOVIA AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: FLOREZ, GERARDO M M.D.
Address: 140 PATRICK MILL CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 Chapter 119, 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: GERARDO FLOREZ

VP

09/08/2006

Electronic Signature of Signing Officer or Director

Date