


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000104936 1. Entity Name PAIN RELIEF INSTITUTE, INC.	
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Principal Place of Business 1755 UNIVERSITY BLVD. WEST JACKSONVILLE, FL 32217	Mailing Address 1755 UNIVERSITY BOULEVARD WEST JACKSONVILLE, FL 32217
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DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3554049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____
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, 2008 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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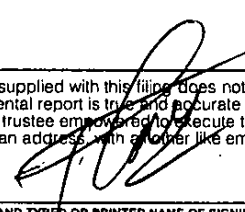
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLOREZ, GERARDO M M.D. 140 PATRICK MILL CIRCLE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUZAURIETA, AURELIO A 2221 SEGOVIA AVENUE JACKSONVILLE, FL 32217
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01/10/08-80016-013-150.00

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 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 another like empowered.

SIGNATURE:  **GERARDO FLOREZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2008 **904-737-7878**
Date Daytime Phone #