

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015365

FILED
May 01, 2005
Secretary of State

Entity Name: YOUNG PAIN & REHAB CENTER, INC.

Current Principal Place of Business:

7520 WEST WATERS AVENUE
SUITE 12
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

7520 WEST WATERS AVENUE
SUITE 12
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-3561623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIM, JAE H
1502 W. BUSCH BLVD
STE A2
TAMPA, FL 33612 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: PSTD () Delete
Name: SUH, YOUNGSOO
Address: 7520 WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: YOUNGSOO SUH

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date