2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90031 019 ***150.00

DOCUMENT # V24195

1. Entity Name
AMERICAN ASSOCIATED PAIN CONTROL CENTER, INC.

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
20445 BISCAYNE BLVD, STE H-1 AVENTURA FL 33180	20445 BISCAYNE BLVD, STE H-1 AVENTURA FL 33180

2. Principal Place of Business	3. Mailing Address
20445 BISCAYNE BLVD. S	SAME
Suite, Apt. #, etc.: H-1	Suite, Apt. #, etc.:
City & State: AVENTURA, FLORIDA	City & State:
Zip: 33180 Country:	Zip: Country:

4. FEI Number 65-0324153 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, CARLOS A
20445 BISCAYNE BLVE. STE. H-1
STE H1
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: N/A.
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code:

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] CARLOS A. RODRIGUEZ DATE 01-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, CARLOS A		NAME	
STREET ADDRESS	20445 BISCAYNE BLVD. STE. H1		STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] CARLOS A. RODRIGUEZ 01-27-04 (305)933-2303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #