

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V73283

FILED
Apr 26, 2007
Secretary of State

Entity Name: FLORIDA PAIN TREATMENT CENTER, INC.

Current Principal Place of Business:

8396 SW 8 ST
SECOND FLOOR
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8396 SW 8 ST
SECOND FLOOR
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-3301294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLBERT, CARL
3001 PONCE DE LEON BLVD
STE 211
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONZALEZ, RUBEN MD
Address: 6195 SW 97TH AVENUE
City-St-Zip: MIAMI, FL

Title: CO (X) Delete
Name: GONZALEZ, SALLY
Address: 6195 SW 97TH AVE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUBEN GONZALEZ, MD

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date