2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# V73283

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GONZALEZ, RUBEN MD
Address: 1814 SW 104 COURT
City-St-Zip: MIAMI, FL 33165 US

I hereby certify that the information supplied with this filing does not qualify 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 PRES 05/01/2008

Electronic Signature of Signing Officer or Director Date