

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092632

FILED
Apr 29, 2009
Secretary of State

Entity Name: COMPLETE PAIN CARE, INC.

Current Principal Place of Business:

3650 FOREST HILL BLVD., #3
W. PALM BCH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3650 FOREST HILL BLVD., #3
W. PALM BCH, FL 33406

New Mailing Address:

FEI Number: 26-3558080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SCOTT THOMAS
3650 FOREST HILL BLVD
3
WEST PALM BEAH, FL 33406 US

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: SCOTT THOMAS

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: THOMAS, SCOTT
Address: 3650 FOREST HILL BLVD., #3
City-St-Zip: W. PALM BCH, FL 33406

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 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: SCOTT THOMAS

PRE

04/29/2009

Electronic Signature of Signing Officer or Director

Date