

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000137

FILED
Apr 28, 2006
Secretary of State

Entity Name: PAIN CARE OF FLORIDA, INC.

Current Principal Place of Business:

49 MUSIC SQUARE WEST
SUITE 502
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

49 MUSIC SQUARE WEST
SUITE 502
NASHVILLE, TN 37203 US

New Mailing Address:

FEI Number: 62-1513582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: P/D () Delete
Name: LEE, KEVIN D
Address: 49 MUSIC SQUARE WEST, SUITE 502
City-St-Zip: NASHVILLE, TN 37203

Title: V () Delete
Name: BUCKELEW, RICK
Address: 49 MUSIC SQUARE WEST, SUITE 502
City-St-Zip: NASHVILLE, TN 37203

Title: S () Delete
Name: FRANKENFIELD, MONTE S
Address: 49 MUSIC SQUARE WEST STE 502
City-St-Zip: NASHVILLE, TN 37203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: FRYE, KERRI K
Address: 49 MUSIC SQUARE WEST STE 502
City-St-Zip: NASHVILLE, TN 37203

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: ANN T BATES

CONT

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date