

Division of Corporations

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**F9266600137**

Florida Department of State  
Division of Corporations  
Public Access System

### Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

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### REGISTERED AGENT CHANGE

**PAIN CARE OF FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

*PD Change*

**RECEIVED**  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Tennessee  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Pain Care of Florida, Inc.
2. The principal office address: 49 Music Square West, Suite 502, Nashville, TN 37203
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/06/1992 Document number: F92000000137
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
Weston, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
(P.O. Box NOT acceptable)  
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Kerri Kelly Frye  
(Signature of an officer or director)

Kerri Kelly Frye, Secretary  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity,  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.*

By: C T Corporation System  
Carrie Bayne  
(Signature of Registered Agent)

January 25, 2008  
(Date)

If signing on behalf of an entity:

Carrie Bayne  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/04)

PL016 - 02/14/2005 C T System Online

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