

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38394

FILED
Apr 06, 2009
Secretary of State

Entity Name: FLORIDA PAIN CLINIC, INC.

Current Principal Place of Business:

3241 SW 34TH STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1626
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2983266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRESSER, YORK R
2300 SE 17TH STREET
SUITE 102
OCALA, FL 34471 US

Name and Address of New Registered Agent:

GRESSER, YORK R
2300 S PINE AVE
SUITE A
OCALA, FL 34471 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: _____

Electronic Signature of Registered Agent

04/06/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PYLES, STEPHEN T.,
Address: 2300 SE 17TH ST. SUITE 102
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PYLES, STEPHEN T.,
Address: 3241 SW 34TH ST
City-St-Zip: Ocala, FL 34474

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: STEPHEN T PYLES MD

Electronic Signature of Signing Officer or Director

PRES

04/06/2009

Date