

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000473

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

**Entity Name:** PAIN CONTROL PRODUCTS MEDICAL, INC.

**Current Principal Place of Business:**

3850 ST. JOHNS PARKWAY  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

4555 S ATLANTIC AVE #4108  
DAYTONA BEACH, FL 32127

**New Mailing Address:**

FEI Number: 59-3619857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DRAZEN, FRANK  
1343 TADSWORTH TERRACE  
LAKE MARY, FL 32746 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 ( ) Delete  
Name: DRAZEN, FRANK  
Address: 3850 ST. JOHNS PARKWAY  
City-St-Zip: SANFORD, FL 32771

**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 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: FRANK DRAZEN

OWNE

01/06/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date