


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90596 001 \*2,700.00

<b>DOCUMENT # P01000065036</b> 1. Entity Name <b>PAINCARE MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business <b>37 N ORANGE AVE STE 500 ORLANDO, FL 32801</b>			Mailing Address <b>37 N ORANGE AVE STE 500 ORLANDO, FL 32801</b>		
2. Principal Place of Business <b>1030 N. Orange Ave.</b> Suite, Apt. #, etc. <b>SUITE 105</b>		3. Mailing Address <b>1030 N. Orange Ave.</b> Suite, Apt. #, etc. <b>SUITE 105</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>59-3740618</b>	
Zip <b>32801</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, E. NICHOLAS III 2710 REW CIR STE 100 OCOE, FL 34761</b>				7. Name and Address of New Registered Agent Name <b>DAVIS, E. NICHOLAS III</b> Street Address (P.O. Box Number is Not Acceptable) <b>12200 W. Colonial Drive</b> <b>SUITE 303</b> City <b>WINTER GARDEN</b> <b>FL</b> Zip Code <b>34787</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZPORKA, MARK 37 N ORANGE AVE STE 500 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/DIRECTOR MARK SZPORKA 1030 N. Orange Ave., SUITE 105 Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBINSKY, RANDY 37 N ORANGE AVE STE 500 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/DIRECTOR RANDY LUBINSKY 1030 N. Orange Ave., SUITE 105 Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIEWOLD, RON 37 N ORANGE AVE STE 500 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1030 N. Orange Ave., SUITE 105 Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mark Szporka</u> <b>MARK SZPORKA</b>			Date <u>4/20/05</u> Daytime Phone # <u>407/367/0944</u>		

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04202005 Chg-P CR2E034 (10/03)