


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90466 005 ***150.00

DOCUMENT # P02000068040		
1. Entity Name PAIN CARE PLUS, INC.		

Principal Place of Business 4931 80 AVE CIR E SARASOTA, FL 34237	Mailing Address 4931 80 AVE CIR E SARASOTA, FL 34237
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14017546

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0625356	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SMITH, KATHERINE L 2033 MAIN ST STE 600 SARASOTA, FL 34237	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, KENNETH T JR 4931 80 AVE CIR E SARASOTA, FL 34237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer & Director Kenneth T. Lester, Jr. 4931 80th Ave Cir E. Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, KENNETH T 3237 HAWKS NEST DR KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer & Director Kenneth T. Lester, Sr. 3237 Hawks Nest Drive Kissimmee, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Katherine L. Smith 2033 Main Street, Suite 600 Sarasota, FL 34237
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
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:  **Kenneth T. Lester, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4/28/04** Daytime Phone #: **813 244 6833**