

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068040

Entity Name: PAIN CARE PLUS, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

5705 90TH AVENUE CIR. E.
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

5705 90TH AVENUE CIR. E.
PARRISH, FL 34219

New Mailing Address:

FEI Number: 02-0625356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KATHERINE L
2033 MAIN ST STE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

SMITH, KATHERINE L
715 N. WASHINGTON BLVD
SUITE B
SARASOTA, FL 34236 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: KATHERINE L. SMITH

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OD () Delete
Name: LESTER, KENNETH T JR
Address: 5705 90TH AVENUE CIR. E.
City-St-Zip: PARRISH, FL 34219

Title: OD () Delete
Name: LESTER, KENNETH T
Address: 3237 HAWKS NEST DR
City-St-Zip: KISSIMMEE, FL 34741

Title: O () Delete
Name: SMITH, KATHERINE L
Address: 2033 MAIN STREET, SUITE 600
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: SMITH, KATHERINE L
Address: 715 N. WASHINGTON BLVD, SUITE B
City-St-Zip: SARASOTA, FL 34236

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: KENNETH T. LESTER, JR.

OD

04/30/2007

Electronic Signature of Signing Officer or Director

Date