

# 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 # P02000100509</b> 1. Entity Name <b>PAINCARE HOLDINGS, INC.</b>			
Principal Place of Business <b>37 NORTH ORANGE AVE. SUITE 500 ORLANDO, FL 32801</b>		Mailing Address <b>37 NORTH ORANGE AVE. SUITE 500 ORLANDO, FL 32801</b>	
2. Principal Place of Business <b>1030 N. Orange Ave.</b> Suite, Apt. #, etc. <b>SUITE 105</b> City & State <b>Orlando, FL</b> Zip <b>32801</b>		3. Mailing Address <b>1030 N. Orange Ave.</b> Suite, Apt. #, etc. <b>SUITE 105</b> City & State <b>Orlando, FL</b> Zip <b>32801</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>06-1110906</b>		Applied For <input type="checkbox"/> Not Applicable	
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</b> <b>2710 REW CIRCLE</b> <b>SUITE 100</b> <b>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</b> <b>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	CEO LUBINSKY, RANDY 37 NORTH ORANGE AVE. STE 500 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1030 N. Orange Ave., SUITE 105</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SZPORKA, MARK 37 NORTH ORANGE AVE. STE 500 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1030 N. Orange Ave., SUITE 105</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIEWOLD, RONALD 37 NORTH ORANGE AVE. STE 500 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1030 N. Orange Ave., SUITE 105</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHBART, PETER DR 37 NORTH ORANGE AVE., SUITE 500 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>JAY ROSEN, M.D.</b> <b>1030 N. Orange Ave., SUITE 105</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REUTER, MERRILL DR 37 NORTH ORANGE AVE., SUITE 500 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1030 N. Orange Ave., SUITE 105</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, ARTHUR J 37 NORTH ORANGE AVE., SUITE 500 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1030 N. Orange Ave., SUITE 105</b> <b>Orlando, FL 32801</b>
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: <b>4/20/05</b> Daytime Phone #: <b>407-367-0944</b>	