


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90596 001 *2,700.00

DOCUMENT # P03000048991 1. Entity Name PAINCARE ACQUISITION COMPANY VI, INC.			
Principal Place of Business 37 N ORANGE AVE, STE 500 ORLANDO, FL 32801		Mailing Address 37 N ORANGE AVE, STE 500 ORLANDO, FL 32801	
2. Principal Place of Business 121 W. Century Ave. Suite, Apt. #, etc. 1		3. Mailing Address 1030 N. Orange Ave. Suite, Apt. #, etc. SUITE 105	
City & State BISMARCK, ND		City & State Orlando, FL	
Zip 58503	Country US	Zip 32801	Country US
4. FEI Number 51-0464319		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, E. NICHOLAS III 2710 REW CIRCLE STE 100 OCOE, FL 34761		7. Name and Address of New Registered Agent Name DAVIS, E. NICHOLAS III Street Address (P.O. Box Number is Not Acceptable) 12200 W. Colonial Drive SUITE 105 City Orlando FL Zip Code 347807	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBINSKY, RANDY 37 N ORANGE AVE, STE 500 ORLANDO, FL 32801	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZPORKA, MARK 37 N ORANGE AVE, STE 500 ORLANDO, FL 32801	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<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)(l), 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> MARK SZPORKA		Date 4/20/05	Daytime Phone # 407-367-0944