2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 17, 2004 8:00 am
Secretary of State

05-03-2004 91240 023 ***150.00

DOCUMENT # P03000055108

1. Entity Name
PAIN CARE FIRST, INC.

66428413

Principal Place of Business	Mailing Address
3237 HAWKS NEST DRIVE KISSIMMEE, FL 34741	3237 HAWKS NEST DRIVE KISSIMMEE, FL 34741

04262004 Chg-P CR2E034 (10/03)

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

4. FEI Number 56-2359823 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, KATHERINE L ES ICARD, MERRILL, CULLIS, TIMMM, 2033 MAIN STREET., SUITE 600 SARASOTA, FL 34237	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 _____ D. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	Officer	☒ Change ☐ Addition
NAME	SMITH, KATHERINE L ESQ		Katherine L. Smith	
STREET ADDRESS	2033 MAIN STREET., SUITE 600		2033 Main Street, Suite 600	
CITY-ST-ZIP	KISSIMMEE, FL 34237		Sarasota, FL 34237	
TITLE		☐ Delete	Officer & Director	☐ Change ☒ Addition
NAME			Kenneth T. Lester Jr	
STREET ADDRESS			4931 80th Ave Cir E.	
CITY-ST-ZIP			Sarasota, FL 34243	
TITLE		☐ Delete	Officer & Director	☐ Change ☒ Addition
NAME			Kenneth T. Lester, Sr.	
STREET ADDRESS			3237 Hawks Nest Drive	
CITY-ST-ZIP			Kissimmee, FL 34741	
TITLE		☐ Delete	Officer & Director	☐ Change ☒ Addition
NAME			Kimberly D. Olea	
STREET ADDRESS			10006 John's Cove Lane	
CITY-ST-ZIP			Oakland, FL 34787	
TITLE		☐ Delete	Officer & Director	☐ Change ☒ Addition
NAME			Rodolfo J. Olea	
STREET ADDRESS			10006 John's Cove Lane	
CITY-ST-ZIP			Oakland, FL 34787	
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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: KEN BOZER 4/30/04 8132446833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #