

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055108

Entity Name: PAIN CARE FIRST, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

3237 HAWKS NEST DRIVE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3237 HAWKS NEST DRIVE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 56-2359823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KATHERINE L ES
ICARD, MERRILL, CULLIS, TIMMM,
2033 MAIN STREET., SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: OD () Delete
Name: LESTER, KENNETH T JR
Address: 4931 80TH AVE CIR E
City-St-Zip: SARASOTA, FL 34243

Title: OD () Delete
Name: LESTER, KENNETH T SR
Address: 3231 HAWKS NEST DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: OD () Delete
Name: OLEA, KIMBERLY D
Address: 1006 JOHN'S COVE LANE
City-St-Zip: OAKLAND, FL 34787

Title: OD () Delete
Name: OLEA, RODOLFO J
Address: 1006 JOHN'S COVE LANE
City-St-Zip: OAKLAND, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 LESTER

PART

04/28/2006

Electronic Signature of Signing Officer or Director

Date