2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# P03000055108

Entity Name: PAIN CARE FIRST, INC.

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:

P.O. BOX 642
ELLENTON, FL 34222

FEI Number: 56-2359823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATHERINE L. SMITH, P.A.
715 N. WASHINGTON BLVD.
SUITE B
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

KATHERINE L. SMITH, P.A.
6151 LAKE OSPREY DRIVE
THIRD FLOOR
SARASOTA, FL 34240 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: _____ 04/27/2010
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: OD
Name: LESTER, KENNETH
Address: 5705 90TH AVENUE CIR E
City-St-Zip: PARRISH, FL 34219

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KENNETH T. LESTER PRES 04/27/2010
Electronic Signature of Signing Officer or Director — Date