

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055108

Entity Name: PAIN CARE FIRST, INC.

FILED
May 01, 2011
Secretary of State

Current Principal Place of Business:

5705 90TH AVENUE CIR E
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 642
ELLENTON, FL 34222

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:

KATHERINE L. SMITH, P.A.
6151 LAKE OSPREY DRIVE
THIRD FLOOR
SARASOTA, FL 34240 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

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: KATHERINE L. SMITH

PRES

05/01/2011

Electronic Signature of Signing Officer or Director

Date