


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90596 001 *2,700.00

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| DOCUMENT # P04000000476 |  |
| 1. Entity Name PAINCARE ACQUISITION COMPANY IX, INC. | |

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| Principal Place of Business 37 NORTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801 | Mailing Address 37 NORTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801 |
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66012447



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| 2. Principal Place of Business 17270 RED OAK DRIVE Suite, Apt. #, etc. SUITE 110 City & State HOUSTON, TX Zip 77090 Country US | 3. Mailing Address 1030 N. Orange Ave. Suite, Apt. #, etc. SUITE 105 City & State Orlando, FL 32801 Zip 32801 Country US |
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04202005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 57-1196500 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DAVIS, E NICHOLAS III 12200 WEST COLONIAL DRIVE SUITE 303 WINTER GARDEN, FL 34787 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUBINSKY, RANDY 37 NORTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 N. Orange Ave., SUITE 105 Orlando, FL 32801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SZPORKA, MARK 37 NORTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 N. Orange Ave., SUITE 105 Orlando, FL 32801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALO, KENNETH MD 37 N. ORANGE AVE, STE. 500 ORLANDO, FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17270 RED OAK DR, STE 110 HOUSTON, TX 77090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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)(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.

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| SIGNATURE: Mark Szporka SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 4/20/05 Date | 407-367-0944 Daytime Phone # |
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