## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000000476

City-St-Zip:

HOUSTON, TX 77090

ntity Name: PAINCARE ACQUISITION COMPANY IX, INC

FILED Jan 16, 2006 Secretary of State

Entity Name: PAINCARE ACQUISITION COMPANY IX, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
SUITE 110	OAK DRIVE N, TX 77090	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1030 NORTH ORANGE AVENUE					
SUITE 105 ORLANDO	), FL 32801	US			
FEI Number:	57-1196500	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DAVIS, E NICHOLAS III 12200 WEST COLONIAL DRIVE SUITE 303 WINTER GARDEN, FL 34787 US			SUITE 105	1030 NÓRTH ORANGE AVENUE	
	named entity of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: NOELLE SIEGEL				01/16/2006	
	Electro	nic Signature of Registered Age	nt	Date	
Election Can	npaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LUBINSKY, R	ORANGE AVENUE SUITE 105	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SZPORKA, M	ORANGE AVENUE SUITE 105	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	ALO, KENNET	)Delete H MD AK DRIVE SUITE 110	Title: ( Name: Address:	) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: RANDY LUBINSKY D 01/16/2006