## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000000476

17270 RED OAK DRIVE SUITE 110

HOUSTON, TX 77090

Address: City-St-Zip:

FILED Apr 18, 2007 Secretary of State

Entity Name: PAINCARE ACQUISITION COMPANY IX, INC. **Current Principal Place of Business: New Principal Place of Business:** 17270 RED OAK DRIVE SUITE 110 HOUSTON, TX 77090 US **New Mailing Address: Current 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 New Registered Agent: SIEGEL, NOELLE MEYER, ALBERT R 1030 NORTH ORANGE AVENUE 1030 NÓRTH ORANGE AVENUE SUITE 105 SUITE 105 ORLANDO, FL 32801 US ORLANDO, FL 32801 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: S//ALBERT R. MEYER 04/18/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LUBINSKY, RANDY Name: Name: 1030 NORTH ORANGE AVENUE SUITE 105 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: Title: () Delete () Change () Addition SZPORKA, MARK Name: Name: 1030 NORTH ORANGE AVENUE SUITE 105 Address: Address: ORLANDO, FL 32801 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition ALO, KENNETH MD Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: S//RANDY LUBINSKY D 04/18/2007