

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000032323

FILED
Feb 09, 2007
Secretary of State

Entity Name: PAIN CARE ASSOCIATES, INC.

Current Principal Place of Business:

189 N. STATE RD 7
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

189 N. STATE RD 7
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-0701311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTERS, ANA M
1479 GARDEN RD.
WESTON, FL 33326 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: ANA M WATTERS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATTERS, ANA M
Address: 1479 GARDEN RD.
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: WATTERS, MARK L
Address: 1479 GARDEN RD.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANA M WATTERS

Electronic Signature of Signing Officer or Director

PRES

02/09/2007

Date