

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032323

FILED  
Jul 22, 2008  
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:

PO BOX 3513  
N FT MYERS, FL 33918

FEI Number: 20-0701311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WATTERS, ANA M  
13524 TROIA DR  
ESTERO, FL 33928 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:

07/22/2008

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: D (X) Change ( ) Addition  
Name: WATTERS, ANA M  
Address: 13524 TROIA DR  
City-St-Zip: ESTERO, FL 33928

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

07/22/2008

Electronic Signature of Signing Officer or Director

Date