

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032323

FILED  
Jun 17, 2009  
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:

189 N ST RD 7  
PLANTATION, FL 33317

## Current Mailing Address:

PO BOX 3513  
N FT MYERS, FL 33918

## New Mailing Address:

189 N. STATE RD 7  
PLANTATION, FL 33317

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  
13524 TROIA DR  
ESTERO, FL 33928 US

## Name and Address of New Registered Agent:

SANTAMARIA, JUAN L  
17701 SW 18 ST  
MIRAMAR, FL 33029 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: JUAN L SANTAMARIA

06/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANTAMARIA, CLAUDIA  
Address: 189 N. STATE RD 7  
City-St-Zip: PLANTATION, FL 33317

Title: V ( ) Delete  
Name: SANTAMARIA, JUAN  
Address: 189 N. STATE RD 7  
City-St-Zip: PLANTATION, FL 33317

Title: ST ( ) Delete  
Name: SOTILLO, EDUARDO A  
Address: 189 N. STATE RD 7  
City-St-Zip: PLANTATION, FL 33317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: CLAUDIA SANTAMARIA

P

06/17/2009

Electronic Signature of Signing Officer or Director

Date