

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032323

Entity Name: PAIN CARE ASSOCIATES, INC.

FILED
Mar 25, 2011
Secretary of State

Current Principal Place of Business:

189 NORTH STATE ROAD 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:

SANTAMARIA, CLAUDIA
189 NORTH STATE ROAD 7
PLANTATION, FL 33317 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: CLAUDIA SANTAMARIA

MNGR

03/25/2011

Electronic Signature of Signing Officer or Director

Date