2005 FOR PROFIT CORPORATION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 22, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P04000098448** 04-22-2005 90596 001 *2,700.00 1 Entity Name PAINCARE ACQUISITION COMPANY XV, INC. Mailing Address Principal Place of Business 37 NORTH ORANGE AVE., STE. 500 37 NORTH ORANGE AVE., STE. 500 66012452 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address 11921 ROCKVILLE PIKE 1030 N. Orange Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E034 (10/03) Chg-P SUITE 105 SUITE 505 City & State City & State 4. FEI Number Applied For 20-1325465 ROCKVILLE, MD Or land Not Applicable Zip 3280 Country Country \$8.75 Additional 5. Certificate of Status Desired ÚS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, E. NICHOLAS III Street Address (P.O. Box Number is Not Acceptable) 12200 WEST COLONIAL DR., STE. 303 WINTER GARDEN, FL 34787 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D ☐ Delete Change . ■ Addition TITLE TITLE LUBINSKY, RANDY NAME NAME STREET ADDRESS 1030 N. Oronge Ave., SUITE 105 CITY-ST-ZIP Orlando, Fr. 32801 37 NORTH ORANGE AVE., STE. 500 STREET ADDRESS CITY-\$T-ZIP ORLANDO, FL 32801 TITLE ☐ Delete TITLE SZPORKA, MARK NAME NAME N. Oronge Ave., Suite 105 ndo, FL 32801 STREET ADDRESS STREET ADDRESS 37 NORTH ORANGE AVE., STE. 500 CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

■ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Defete

SZPORKA MALL SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR