

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000110677

**FILED**  
**Dec 17, 2006**  
**Secretary of State**

**Entity Name:** PAIN SOLUTION CORPORATION

**Current Principal Place of Business:**

1059 MEADOW BREEZE LN  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

1059 MEADOW BREEZE LANE  
SARASOTA, FL 34240 US

**Current Mailing Address:**

1059 MEADOW BREEZE LN  
SARASOTA, FL 34240 US

**New Mailing Address:**

1059 MEADOW BREEZE LANE  
SARASOTA, FL 34240 US

**FEI Number:** 61-1492375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRINGTON, DENNIS J  
1059 MEADOW BREEZE LN  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

HARRINGTON, DENNIS J  
1059 MEADOW BREEZE LANE  
SARASOTA, FL 34240 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:** DENNIS J. HARRINGTON

12/17/2006

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: HARRINGTON, DENNIS J  
Address: 1059 MEADOW BREEZE LN  
City-St-Zip: SARASOTA, FL 34240 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: HARRINGTON, DENNIS J  
Address: 1059 MEADOW BREEZE LANE  
City-St-Zip: SARASOTA, FL 34240 US

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:** DENNIS J. HARRINGTON

PSTD

12/17/2006

Electronic Signature of Signing Officer or Director

Date