2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007
Secretary of State

DOCUMENT# P06000016266

Entity Name: FAMILY PAIN CARE INC.

Current Principal Place of Business:

2546 S.E. 11TH ST.
POMPANO BEACH, FL 33062

New Principal Place of Business:

13398 N. CLEVELAND AVE.
NORTH FORT MYERS, FL 33903

Current Mailing Address:

2546 S.E. 11TH ST.
POMPANO BEACH, FL 33062

New Mailing Address:

13398 N. CLEVELAND AVE.
NORTH FORT MYERS, FL 33903

FEI Number: 13-4322796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLEA, ANDRES M
2546 S.E. 11TH ST.
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

OLEA, ANDRES M
13398 N. CLEVELAND AVE.
NORTH FORT MYERS, FL 33903 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: 07/18/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLEA, ANDRES M
Address: 2546 S.E. 11TH ST.
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLEA, ANDRES M
Address: 13398 N. CLEVELAND AVE.
City-St-Zip: NORTH FORT MYERS, FL 33903

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: ANDRES OLEA P 07/18/2007
Electronic Signature of Signing Officer or Director — Date