

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016266

Entity Name: FAMILY PAIN CARE INC.

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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: OLEA, ANDRES M
Address: 13398 N. CLEVELAND AVE.
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (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 M. OLEA

MR

06/23/2009

Electronic Signature of Signing Officer or Director

Date