

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045789

FILED
Apr 23, 2010
Secretary of State

Entity Name: AFFORDAHEALTH PAIN RELIEF CENTERS, INC.

Current Principal Place of Business:

8480A WEST S.R. 84
DAVIE, FL 33324 US

New Principal Place of Business:

8480 WEST S.R. 84
DAVIE, FL 33324 US

Current Mailing Address:

8480A WEST S.R. 84
DAVIE, FL 33324 US

New Mailing Address:

8480 WEST S.R. 84
DAVIE, FL 33324 US

FEI Number: 11-3774918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARLIN, CLAUDIA
8480A WEST S.R. 84
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

MARLIN, CLAUDIA
8480 WEST S.R. 84
DAVIE, FL 33324 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:

04/23/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/T
Name: MARLIN, CLAUDIA
Address: 8480 WEST S.R. 84
City-St-Zip: DAVIE, FL 33324 US

Title: S
Name: MARLIN, KEVIN
Address: 8480 WEST S.R. 84
City-St-Zip: DAVIE, FL 33324

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 MARLIN

P/T

04/23/2010

Electronic Signature of Signing Officer or Director

Date