

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000045789

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** AFFORDAHEALTH PAIN RELIEF CENTERS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 11-3774918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**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

PD

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date