# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2010**
**Secretary of State**

DOCUMENT# P06000057498

**Entity Name:** PAIN CARE SPECIALISTS OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

601 UNIVERSITY BLVD
NEURO CARE CONSULTANTS SUITE 205
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

4300 S US HWY 1
SUITE 203-341
JUPITER, FL 33477

**New Mailing Address:**

601 UNIVERSITY BLVD
NEURO CARE CONSULTANTS SUITE 205
JUPITER, FL 33458

**FEI Number: 22-3929978** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COLE, JAMES C PSTD
4300 S US HWY 1
SUITE 203-341
JUPITER, FL 33477 US

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

COLE, JAMES C PSTD
601 UNIVERSITY BLVD
NEURO CARE CONSULTANTS SUITE 205
JUPITER, FL 33458 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: 04/12/2010
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD
Name: COLE, JAMES MD
Address: 601 UNIVERSITY BLVD, SUITE 205
City-St-Zip: JUPITER, FL 33458

Title: PSTD
Name: DURAN, ROBERTO
Address: 601 UNIVERSITY BLVD, SUITE 205
City-St-Zip: JUPITER, FL 33458

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: JAMES COLE PSTD 04/12/2010
Electronic Signature of Signing Officer or Director — Date