2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000091806

Entity Name: ADVANTACARE PAIN MANAGEMENT CENTERS, INC.

Current Principal Place of Business:

509 W. COLONIAL DRIVE
ORLANDO, FL 32804 US

New Principal Place of Business:

539 S. CHICKASAW TRAIL
ORLANDO, FL 32825 US

Current Mailing Address:

539 S. CHICKASAW TRAIL
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 20-5190228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, BARRY K
509 W. COLONIAL DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

SMITH, BARRY K
539 S. CHICKASAW TRAIL
ORLANDO, FL 32825 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: BARRY SMITH 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: RECKSIEDLER, CHRISTOPHER C
Address: 509 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804 US

Title: MP ( ) Delete
Name: SMITH, BARRY K
Address: 509 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: RECKSIEDLER, CHRISTOPHER C
Address: 539 S. CHICKASAW TRAIL
City-St-Zip: ORLANDO, FL 32825 US

Title: MP (X) Change ( ) Addition
Name: SMITH, BARRY K
Address: 539 S. CHICKASAW
City-St-Zip: ORLANDO, FL 32825 US

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: BARRY SMITH MP 04/30/2009
Electronic Signature of Signing Officer or Director Date