2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# P06000091806

Entity Name: ADVANTACARE PAIN MANAGEMENT CENTERS, INC.

Current Principal Place of Business:

539 S. CHICKASAW TRAIL
ORLANDO, FL 32825 US

New Principal Place of Business:

Current Mailing Address:

539 S. CHICKASAW TRAIL
ORLANDO, FL 32825

New Mailing Address:

2808 ENTERPRSE RD
STE 105
DEBARY, FL 32813

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
539 S. CHICKASAW TRAIL
ORLANDO, FL 32825 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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: BARRY K. SMITH MP 04/27/2010

Electronic Signature of Signing Officer or Director Date