2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P07000034113

Entity Name: PAIN RELIEF CENTER, PA

Current Principal Place of Business:

1001 CROSSPOINTE DRIVE
SUITE #1
NAPLES, FL 34110 US

New Principal Place of Business:

5500 BRYSON DRIVE
SUITE #303
NAPLES, FL 34109 US

Current Mailing Address:

1001 CROSSPOINTE DRIVE
SUITE # 1
NAPLES, FL 34110 US

New Mailing Address:

5500 BRYSON DRIVE
SUITE #303
NAPLES, FL 34109 US

FEI Number: 20-8661214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAURA OLSZEWSKI & ASSOC, PA
5401 TAYLOR RD
SUITE 3
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

HILLIS, DANIEL P DR
5500 BRYSON DRIVE
SUITE 303
NAPLES, FL 34109 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: DR DANIEL P. HILLIS 04/29/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR.
Name: HILLIS, DANIEL P
Address: 5500 BRYSON DRIVE, SUITE #303
City-St-Zip: NAPLES, FL 34109 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: DANIEL P. HILLIS PRES 04/29/2010
Electronic Signature of Signing Officer or Director Date