

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063237

Entity Name: ACCESS PAIN CARE INC

FILED
Jan 27, 2010
Secretary of State

Current Principal Place of Business:

132 SHADY LANE
NOKOMIS, FL 34275

New Principal Place of Business:

9015 TOWN CENTER PARKWAY
111
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

132 SHADY LANE
NOKOMIS, FL 34275

New Mailing Address:

9015 TOWN CENTER PARKWAY
111
LAKEWOOD RANCH, FL 34202

FEI Number: 26-0258720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDI, LES
7061C S TAMiami TRAIL
SARASOTA, FL 34231 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: P
Name: YAFFE, MURIEL
Address: 132 SHADY LANE
City-St-Zip: NOKOMIS, FL 34275

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: MURIEL YAFFE

P

01/27/2010

Electronic Signature of Signing Officer or Director

Date