

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000071850

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** A PAIN RELIEF PRESCRIPTION CENTER , INC.

**Current Principal Place of Business:**

605 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

605 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 65-0691174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAFFEE, MICHAEL S CPA  
9720 STIRLING ROAD  
#212  
COOPER CITY, FL 33024 US

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

BROWN, STEVEN B PD  
18671 COLLINS AVE.  
#3303  
SUNNY ISLES, FL 33160 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: STEVEN B BROWN

03/17/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROWN, STEVEN B PD  
Address: 18671 COLLINS AVE. #3303  
City-St-Zip: SUNNY ISLES, FL 33160

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: STEVEN B BROWN

PD

03/17/2010

Electronic Signature of Signing Officer or Director

Date