

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115535

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: HEALTH & PAIN CENTER INC.

**Current Principal Place of Business:**

1419 W WATERS AVE  
SUITE 121  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

1419 W WATERS AVE  
SUITE 121  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 26-1227589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LACARRUBBA, NICHOLAS  
1419 W WATERS AVE  
STE 121  
TAMPA, FL 33604 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LACARRUBBA, NICHOLAS CEO  
Address: 1419 W WATERS AVE, STE 121  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NICHOLAS LACARRUBBA

PD

06/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date