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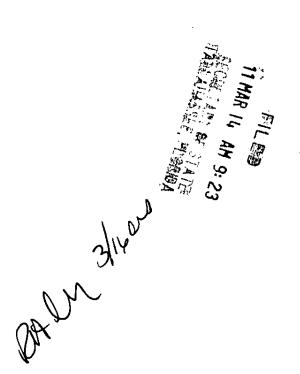
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COVER LETTER

Division of Corporations
SUBJECT: Health & PAIN Center, INC Name of Corporation
DOCUMENT NUMBER: PU7000 1155 35
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person U
Health & Pain Center, In C
1419 W. Water's Ave Ste 121 Address
SAMP, FZ 33604 City/State and Zip Code
Henthand Pain E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this, is submitted for a corporation organized under the laws of the State of Florida.	
1. The name of the	corporation: Health Bo Pain Center Inc. ce address: 1419 W WAta's Ave Ste 121 TAMPA, FL 33604	
3. The mailing addr	ess (if different):	
4. Date of incorpora	tion/qualification: 10/17/2007Document number: Po 7 0001155-35	_
5. The name and str Florida Departme 6. The name and str	eet address of the current registered agent and registered office on file with the nt of State: (If resigned, enter resigned) Nicholas LACAARUBBA Resigned 1419 W WAFE'S AVE SFE 121 P.O. Box NOT acceptable Resigned Resigned A Res	à
The street address of	TAMPA, FL 33604	
as changed will be	of its registered office and the street address of the business office of its registered agent, identical.	
Such change was a authorized by the b	othorized by resolution duly adopted by its board of directors or by an officer so bard, or the corporation has been notified in writing of the change. Nicholas La Cann, bbit (Resigned Ce an other or director) Printed or typed name and title	9
I further agrée to c of my duties, and I document is beine i	appointment as registered agent and agree to act in this capacity. In this capacity. In the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this illed merely to reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.	
Varn .	m los 1 3/13/11	
Signatur	e of Registered Agent Date	
If signing on behalf		
DAVID A	<u>' </u>	
Typed	or Printed Name	

* * * FILING FEE: \$35.00 * * *