

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057565

Entity Name: AAA PAIN CLINIC, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

6411 STIRLING ROAD
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6411 STIRLING ROAD
DAVIE, FL 33314 US

New Mailing Address:

326 LAKEVIEW DRIVE
204
WESTON, FL 33326 US

FEI Number: 26-2780378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERIDAN, STACEY
6411 STIRLING ROAD
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

SHERIDAN, STACEY L P
326 LAKEVIEW DRIVE
204
WESTON, FL 33326 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: STACEY L. SHERIDAN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHERIDAN, STACEY
Address: 6411 STIRLING ROAD
City-St-Zip: DAVIE, FL 33314 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHERIDAN, STACEY
Address: 326 LAKEVIEW DRIVE #204
City-St-Zip: WESTON, FL 33326 US

Title: VP () Change (X) Addition
Name: SHERIDAN, RONA L VP
Address: 14650 SW 29TH PLACE
City-St-Zip: DAVIE, FL 33330

Title: S () Change (X) Addition
Name: SHERIDAN, PAUL J S
Address: 14650 SW 29TH PLACE
City-St-Zip: DAVIE, FL 33330

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: STACEY L. SHERIDAN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date