2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000079339

Entity Name: PAIN RELIEF AND PHYSICAL REHAB, INC.

Current Principal Place of Business:

12734 KENWOOD LN
#96
FORT MYERS, FL 33907 US

New Principal Place of Business:

13470 PARKER COMMONS BLVD.
SUITE 105
FORT MYERS, FL 33912 US

Current Mailing Address:

12734 KENWOOD LN
#96
FORT MYERS, FL 33907 US

New Mailing Address:

13470 PARKER COMMONS BLVD.
SUITE 105
FORT MYERS, FL 33912 US

FEI Number: 26-3254428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUSKO, KEITH
12734 KENWOOD LN
#96
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

SUSKO, KEITH
13470 PARKER COMMONS BLVD.
SUITE 105
FORT MYERS, FL 33912 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: KEITH SUSKO 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: SUSKO, KEITH
Address: 12734 KENWOOD LN, #96
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP,D ( ) Delete
Name: JENNER, TARA R
Address: 12734 KENWOOD LN, #96
City-St-Zip: FORT MYERS, FL 33907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: SUSKO, KEITH
Address: 13470 PARKER COMMONS BLVD, SUITE 105
City-St-Zip: FORT MYERS, FL 339912 US

Title: VP,D (X) Change ( ) Addition
Name: JENNER, TARA R
Address: 13470 PARKER COMMONS BLVD, SUITE 105
City-St-Zip: FORT MYERS, FL 33912 US

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: KEITH SUSKO PRES 04/29/2009
Electronic Signature of Signing Officer or Director Date