

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095721

FILED
Jun 29, 2009
Secretary of State

Entity Name: PAIN RELIEF CENTER OF ORLANDO, INC.

Current Principal Place of Business:

1718 WOLCA WAY
ORLANDO, FL 32822

New Principal Place of Business:

1718 WOLCO WAY
ORLANDO, FL 32822

Current Mailing Address:

10104 HART BRANCH CIRCLE
ORLANDO, FL 32832

New Mailing Address:

10217 MARSH CIRCLE
ORLANDO, FL 32822

FEI Number: 80-0288971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAPIRO, LEWIS
10104 HART BRANCH CIRCLE
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

SHAPIRO, LEWIS
10217 MARSH CIRCLE
ORLANDO, FL 32822 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:

06/29/2009

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: P () Delete
Name: SHAPIRO, ANGEL
Address: 10104 HART BRANCH CIRCLE
City-St-Zip: ORLANDO, FL 32832

Title: VP () Delete
Name: SHAPIRO, LEWIS
Address: 10104 HART BRANCH CIRCLE
City-St-Zip: ORLANDO, FL 32832

Title: ST (X) Delete
Name: SHAPIRO, JANET
Address: 10104 HART BRANCH CIRCLE
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAPIRO, ANGEL
Address: 10217 MARSH CIRCLE
City-St-Zip: ORLANDO, FL 32822

Title: VP (X) Change () Addition
Name: SHAPIRO, LEWIS
Address: 10217 MARSH CIRCLE
City-St-Zip: ORLANDO, FL 32822

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: LEWIS SHAPIRO

VP

06/29/2009

Electronic Signature of Signing Officer or Director

Date