

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095721

FILED
Jun 30, 2010
Secretary of State

Entity Name: PAIN RELIEF CENTER OF ORLANDO, INC.

Current Principal Place of Business:

1718 WOLCO WAY
ORLANDO, FL 32822

New Principal Place of Business:

1704 WOOLCO WAY
ORLANDO, FL 32822

Current Mailing Address:

10217 MARSH CIRCLE
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 80-0288971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, LEWIS
10217 MARSH CIRCLE
ORLANDO, FL 32822 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

OFFICERS AND DIRECTORS:

Title: P
Name: SHAPIRO, DARRIN
Address: 10217 MARSH CIRCLE
City-St-Zip: ORLANDO, FL 32822

Title: VP
Name: SHAPIRO, JARRETT
Address: 10217 MARSH CIRCLE
City-St-Zip: ORLANDO, FL 32822

I hereby 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 all other like empowered.

SIGNATURE: DARIN SHAPIRO

P

06/30/2010

Electronic Signature of Signing Officer or Director

Date