

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000009838

Entity Name: FREEDOM PAIN CARE, INC.

FILED
Jan 17, 2011
Secretary of State

Current Principal Place of Business:

4101 N ANDREWS AVE SUITE
209
FT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

4101 N ANDREWS AVE SUITE
209
FT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 26-4174778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

WOLF, JOHN S MD
4101 N ANDREWS AVENUE
209
FT. LAUDERDALE, FL 33309 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: JOHN S.WOLF, MD

01/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WOLF, JOHN S MD
Address: 4101 N ANDREWS AVE SUITE 209
City-St-Zip: FT LAUDERDALE, FL 33309 US

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: JOHN S. WOLF, MD

PD

01/17/2011

Electronic Signature of Signing Officer or Director

Date