2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2010
Secretary of State

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Entity Name: HEALTH-CARE PAIN SOLUTIONS INC

Current Principal Place of Business:

7827 N DALE MABRY HWY
SUITE 103
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7827 N DALE MABRY HWY
SUITE 103
TAMPA, FL 33614

New Mailing Address:

FEI Number: 27-0343428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, JULIO C JR
7827 N DALE MABRY HWY
SUITE 103
TAMPA, FL 33614 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: SUAREZ, RONALD O
Address: 7522 CLEVES AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP
Name: GARCIA, JULIO C JR
Address: 7827 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614 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: JULIO C GARCIA VP 01/18/2010

Electronic Signature of Signing Officer or Director Date