

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000050618

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**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

**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 JR

VP

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date