

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084255

FILED
Mar 03, 2010
Secretary of State

Entity Name: MEDICAL PAIN SOLUTION INC.

Current Principal Place of Business:

45 SW 36 CT
MIAMI, FL 33135

New Principal Place of Business:

45 SW 36TH CT
MIAMI, FL 33135 US

Current Mailing Address:

45 SW 36 CT
MIAMI, FL 33135

New Mailing Address:

45 SW 36TH CT
MIAMI, FL 33135 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAS, LUIS J
45 SW 36 CT
MIAMI, FL 33135 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: PD
Name: LAZO, ANGEL A
Address: 45 SW 36TH CT
City-St-Zip: MIAMI, FL 33135 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: ANGEL LAZO

PRES

03/03/2010

Electronic Signature of Signing Officer or Director

Date