# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Oct 08, 2009**
**Secretary of State**

DOCUMENT# P96000042580

**Entity Name:** THE PAIN RELIEF CENTRE, INC.

**Current Principal Place of Business:**

6349 SALADO ROAD
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

208 SOUTH PARK CIRCLE EAST
ST AUGUSTINE, FL 32086 US

**Current Mailing Address:**

6349 SALADO ROAD
ST AUGUSTINE, FL 32080

**New Mailing Address:**

208 SOUTH PARK CIRCLE EAST
ST AUGUSTINE, FL 32086 US

**FEI Number: 59-3379405** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAIL, RONALD G
6349 SALADO ROAD
ST AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

FECHTER, SCOTT T
208 SOUTH PARK CIRCLE EAST
ST AUGUSTINE, FL 32086 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: SCOTT T. FECHTER 10/08/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete
Name: RONALD G VAIL
Address: 6349 SALADO ROAD
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VPS (X) Delete
Name: NANCY A VAIL
Address: 6349 SALADO ROAD
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TRES (X) Delete
Name: MATHEW, SHERRY
Address: 25 BISHOP LANE
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: FECHTER, SCOTT T
Address: 208 SOUTHPARK CIRCLE EAST
City-St-Zip: ST AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT T. FECHTER P 10/08/2009
Electronic Signature of Signing Officer or Director Date