

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000069545

FILED
Jul 10, 2008
Secretary of State**Entity Name:** TAMPA PAIN RELIEF CENTER, INC.**Current Principal Place of Business:**4730 N. HABANA AVENUE
SUITE 104
TAMPA, FL 33614 US**New Principal Place of Business:****Current Mailing Address:**5501 W. GRAY ST
TAMPA, FL 33609 US**New Mailing Address:**5501 W. GRAY STREET
TAMPA, FL 33609 US**FEI Number:** 59-3394937**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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:** DPST () Delete
Name: GARI, RODOLFO
Address: 1603 RENAISSANCE WAY
City-St-Zip: TAMPA, FL 33602**Title:** CFO () Delete
Name: LOWE, SCOTT
Address: 5501 W. GRAY ST
City-St-Zip: TAMPA, FL 33609**Title:** COO (X) Delete
Name: DOYLE, MIKE
Address: 5501 W. GRAY ST
City-St-Zip: TAMPA, FL 33609**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPST (X) Change () Addition
Name: GARI, RODOLFO JR
Address: 1603 RENAISSANCE WAY
City-St-Zip: TAMPA, FL 33602**Title:** COO (X) Change () Addition
Name: DOYLE, MICHAEL
Address: 5501 W. GRAY STREET
City-St-Zip: TAMPA, FL 33609 US**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: MICHAEL DOYLE

COO

07/10/2008

Electronic Signature of Signing Officer or Director_____
Date