

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000069545

Entity Name: TAMPA PAIN RELIEF CENTER, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4730 N. HABANA AVENUE
SUITE 104
TAMPA, FL 33614 US

New Principal Place of Business:

5501 W. GRAY STREET
TAMPA, FL 33609 US

Current Mailing Address:

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: GARI, RODOLFO JR
Address: 1603 RENAISSANCE WAY
City-St-Zip: TAMPA, FL 33602

Title: COO () Delete
Name: DOYLE, MICHAEL
Address: 5501 W. GRAY STREET
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL DOYLE

COO

04/30/2009

Electronic Signature of Signing Officer or Director

Date