## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000014634

Entity Name: PAIN SOLUTIONS HEALTH SYSTEMS, INC.

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	of Business:	
2ND FLOO	12TH AVENUE DR D BEACH, FL				
Current Mailing Address:			New Mailing Address:		
2ND FLOO	12TH AVENUE DR D BEACH, FL				
FEI Number	: 65-0735764	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SUITE #20	12TH AVE.	33069 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD ( BEEBE, JOHN 150 S ANDREV POMPANO BC	VS AVE #200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HEBDING, PAN 150 S ANDREN		Title: Name: Address: City-St-Zip:	()Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN W. BEEBE Ρ 04/10/2007