2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014634

Entity Name: PAIN SOLUTIONS HEALTH SYSTEMS, INC.

FILED Jan 21, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

150 S.W. 12TH AVENUE 150 S.W. 12TH AVENUE 2ND FLOOR

STE. 201 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069

Current Mailing Address: New Mailing Address:

150 S.W. 12TH AVENUE 150 S.W. 12TH AVENUE

2ND FLOOR STE. 201 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069

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 of New Registered Agent:

HEBDING, PAMELA UNGER, JASON ESQ. 150 S.W. 12TH AVE. 301 S. BRONOUGH ST. **SUITE #201** STE. 600

POMPANO BEACH, FL 33069 US TALLAHASSEE, FL 32301 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: JASON UNGER, ESQ 01/21/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: PSTD () Delete Title: () Change () Addition

BEEBE, JOHN W Name: Name: 150 S ANDREWS AVE #200 Address: Address: City-St-Zip: POMPANO BCH, FL 33069 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.

Ρ SIGNATURE: JOHN W. BEEBE 01/21/2009