

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014634

FILED
Apr 20, 2011
Secretary of State

Entity Name: PAIN SOLUTIONS HEALTH SYSTEMS, INC.

Current Principal Place of Business:

150 S.W. 12TH AVENUE
STE. 201
POMPANO BEACH, FL 33069

New Principal Place of Business:

150 S.W. 12TH AVENUE
STE. 201
POMPANO BEACH, FL 33069 US

Current Mailing Address:

150 S.W. 12TH AVENUE
STE. 201
POMPANO BEACH, FL 33069

New Mailing Address:

150 S.W. 12TH AVENUE
STE. 201
POMPANO BEACH, FL 33069 US

FEI Number: 65-0735764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNGER, JASON ESQ.
301 S. BRONOUGH ST.
STE. 600
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

JOHN, BEEBE
150 SW 12TH AVENUE
STE. 201
POMPANO BEACH, FL 33069 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: JOHN BEEBE

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VSD
Name: BERNSTEIN, ROBERT
Address: 150 SW 12TH AVE; #201
City-St-Zip: POMPANO BCH, FL 33069 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN W. BEEBE

PTD

04/20/2011

Electronic Signature of Signing Officer or Director

Date