## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077547

Entity Name: ADVANCED COMFORT PAIN CONTROL, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

533 NORTH NOVA ROAD SUITE 102

ORMOND BEACH, FL 32174

**New Mailing Address:** 

1 SHARON TERRACE

**Current Mailing Address:** 533 NORTH NOVA ROAD

SUITE 102 ORMOND BEACH, FL 32174 P O BOX 1508 ORMOND BEACH, FL 32175

ORMOND BEACH, FL 32174

FEI Number: 59-3459925 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:

FRANCOEUR, JERI H 533 NORTH NOVA ROAD SUITE 102

ORMOND BEACH, FL 32174 US

FRANCOEUR, JERI H 1 SHARON TÉRRACE ORMOND BEACH, FL 32174 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: JERI H FRANCOEUR

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

() Change () Addition

Title: CFO () Delete FRANCOEUR, JERI H Name: 1 SHARON TERRACE Address:

City-St-Zip: ORMOND BEACH, FL 32174

Title: VΡ () Delete FRANCOEUR, PAUL R Name: 1 SHARON TERRACE Address: ORMOND BEACH, FL 32174 City-St-Zip:

Address: City-St-Zip:

Title: Name: Address: City-St-Zip:

Name:

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: JERI H FRANCOEUR 05/01/2008 CEO