2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2010
Secretary of State

DOCUMENT# P97000077547

Entity Name: ADVANCED COMFORT PAIN CONTROL, INC.

Current Principal Place of Business:

1 SHARON TERRACE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

P O BOX 1508
ORMOND BEACH, FL 32175 15

New Mailing Address:

FEI Number: 59-3459925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCOEUR, JERI H
1 SHARON TERRACE
ORMOND BEACH, FL 32174 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: CEO
Name: FRANCOEUR, JERI H
Address: 1 SHARON TERRACE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP
Name: FRANCOEUR, PAUL R
Address: 1 SHARON TERRACE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SEC
Name: FRANCOEUR, LAUREN A
Address: 1 SHARON TERRACE
City-St-Zip: ORMOND BEACH, FL 32174 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: JERI H. FRANCOEUR CEO 02/23/2010

Electronic Signature of Signing Officer or Director Date