

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024310

Entity Name: ANALGESIC HEALTHCARE, INC.

FILED  
Jan 09, 2008  
Secretary of State

## Current Principal Place of Business:

7823 N. MABRY HWY.  
SUITE 202  
TAMPA, FL 33614

## New Principal Place of Business:

## Current Mailing Address:

7823 N. MABRY HWY.  
SUITE 202  
TAMPA, FL 33614

## New Mailing Address:

FEI Number: 59-3497691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREGORY, DOUGLAS  
607 W BAY ST.  
TAMPA, FL 33606 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 ( ) Delete  
Name: EDGERTON, ROY  
Address: 13918 SHADY SHORES  
City-St-Zip: TAMPA, FL 33613

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: ROY EDGERTON

CEO

01/09/2008

Electronic Signature of Signing Officer or Director

Date