

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024310

FILED
Jan 13, 2011
Secretary of State

Entity Name: ANALGESIC HEALTHCARE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

7823 N. DALE 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 (X)

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: EDGERTON, ROY
Address: 13918 SHADY SHORES
City-St-Zip: TAMPA, FL 33613

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: ROY G. EDGERTON

CEO

01/13/2011

Electronic Signature of Signing Officer or Director

Date