## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V27973

FILED May 01, 2007 Secretary of State

Entity Name: THE PAIN CORRECTIVE CENTER OF BRANDON, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
326 OAKFIE BRANDON,	LD DRIVE	US		
Current Mai	iling Addre	ss:	New Mailing Address	s:
P.O. BOX 67 BRANDON,		US		
El Number: 5	9-3116533	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
DUNN, MICH 1919 ORO C CLEARWAT		64 US		
919 ORO C CLEARWAT	CT FER, FL 337 named entity		purpose of changing its registere	d office or registered agent, or both,
919 ORO C CLEARWAT The above n	CT FER, FL 337 named entity of Florida.	submits this statement for the		
919 ORO C CLEARWAT The above n n the State c	CT FER, FL 337 named entity of Florida.			d office or registered agent, or both,  Date
919 ORO C CLEARWAT  The above n n the State of BIGNATURE n accordance	ETFER, FL 337  named entity of Florida.  Electro  with s. 607.19	submits this statement for the nic Signature of Registered Ag	ent	
919 ORO C CLEARWAT The above non the State of BIGNATURE on accordance Election Camp	ETFER, FL 337  named entity of Florida.  Electro  with s. 607.19	submits this statement for the nic Signature of Registered Agg(2)(b), F.S., the corporation did nig Trust Fund Contribution ().	ent ot receive the prior notice.	
919 ORO CLEARWAT  The above n n the State of BIGNATURE  n accordance Election Camp  DFFICERS  Juitle:	e with s. 607.19  CAND DIRECT	submits this statement for the nic Signature of Registered Ag (3)(2)(b), F.S., the corporation did nig Trust Fund Contribution ( ).  CTORS:  ) Delete CYNTHIA PIDS AVENUE	ent ot receive the prior notice.	Date

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: CYNTHIA CARPENTER V 05/01/2007