

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$228 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN -9 AM 9:26

DOCUMENT # L17132 (6)

1. Corporation Name

OUTPATIENT PAIN AND TRAUMA CENTER, INC.

Principal Place of Business

Mailing Address

5100 NEBRASKA AVENUE
SUITE B
TAMPA FL 33603
US

5100 NEBRASKA AVENUE
SUITE B
TAMPA FL 33603
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/20/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2968576

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASSMAN, ALAN S ESQUIRE
1245 COURT STREET
SUITE 102
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MILLER, JOHN B
STREET ADDRESS	5100 NEBRASKA AVE., SUITE B
CITY - ST - ZIP	TAMPA FL 33603
TITLE	P
NAME	MILLER, J. DARRIN
STREET ADDRESS	1109 TERRA MAR DR.
CITY - ST - ZIP	TAMPA, FL. 33613
TITLE	S
NAME	MILLER, SHERRY A.
STREET ADDRESS	5100 NEBRASKA AVE.
CITY - ST - ZIP	TAMPA, FL. 33603
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	MILLER, SHERRY A.	
1 3 STREET ADDRESS	5100 NEBRASKA AVE.	
1 4 CITY - ST - ZIP	TAMPA, FL 33603	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE		
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SHERRY A. MILLER *Sherry A. Miller* 6-6-95 813-338-6510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)