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CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 4: 05

DOCUMENT # **M15413** (1)

1. Corporation Name  
**BREVARD PAIN MANAGEMENT, INC.**

Principal Place of Business Mailing Address  
1151 N US HWY 1 1151 N US HWY 1  
TITUSVILLE FL 32796 TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/15/1985** 3a. Date of Last Report **01/21/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **6770 S. US HWY 1** 26 **PO Drawer E**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 3** 27  
City & State City & State  
23 **Titusville FL** 28 **Titusville FL**  
Zip Country Zip Country  
24 **32780** 25 **US** 29 **32781-0129** 30 **US**

4. FEI Number **59-2565845** 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

9. Name and Address of Current Registered Agent

**FLEMING, LINDA K L**  
**ONE HARBOUR PLACE**  
**SUITE 500**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **Linda L. Fleming**  
82 Street Address (P.O. Box Number is Not Acceptable) **One Harbour Place, Suite 500**  
83 **777 S. Harbour Island Blvd.**  
84 City **Tampa** 85 Zip Code **FL 33602**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation admits 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 *Linda L. Fleming* **Linda L. Fleming Registered Agent 1-30-95**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PSD	JAFFE, TODD	1151 N US HWY	TITUSVILLE FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		<b>6770 S. U.S. Highway 1, Suite 3</b>	<b>Titusville FL 32780</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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 110.07(3)(b), Florida Statutes. I further certify 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 checked, or on an attachment with an address.

SIGNATURE: *Todd B. Jaffe* **Todd B. Jaffe** 1-14-95 407-264-1961  
DATE