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May 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N14110 (3)

1. Corporation Name
ST. MARY'S PAIN CENTER, INC.



Principal Place of Business: **8205 GREENWOOD AVENUE WEST PALM BEACH FL 33407 US**
 Mailing Address: **1309 NORTH FLAGLER DR. WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **03/31/1986**
 4. FEI Number: **59-2764263**
 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**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
GOODWIN LARCOMBE, VALERIE
1309 NORTH FLAGLER DR.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: \$	NAME: LARCOMBE, VALERIE	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 1309 NORTH FLAGLER DR.	CITY-ST-ZIP: WEST PALM BEACH FL 33401	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: CD	NAME: MURPHY, MARTIN	2.1 TITLE: CD	2.2 NAME: Thomas McCloskey
STREET ADDRESS: 1309 NORTH FLAGLER DR.	CITY-ST-ZIP: WEST PALM BEACH FL	2.3 STREET ADDRESS: 1309 North Flagler Drive	2.4 CITY-ST-ZIP: West Palm Beach, FL 33401
TITLE: TD	NAME: NASK, FRANK	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 1309 N FLAGLER DR	CITY-ST-ZIP: WEST PALM BEACH FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: PD	NAME: DUTCHER, PHILLIP C	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 1309 NORTH FLAGLER DR.	CITY-ST-ZIP: WEST PALM BEACH FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E037 (10/97)