

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **P37121** (1)

MAY -1 AM 9:47

BACK & NECK PAIN CLINICS OF AMERICA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location: 1601 BELVEDERE RD., #500E WEST PALM BEACH FL 33406
 Mailing Address: 1601 BELVEDERE RD., #500E WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized 01/16/1992	3a. Date of Last Report 12/21/1994
4. FEI Number 59-3102871	Applied Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Extension of Report Period by Foreign Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation is subject to the provisions of the Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office Location 21	2a. Mailing Address 26
State App # of 22	State App # of 27
City & State 23	City & State 28
24	25
29	30

9. Name and Address of Current Registered Agent

HERLIHY, GERARD A
1601 BELVEDERE RD., #500E
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name	
82 Street Address, P.O. Box Number or Not Applicable	
83 City	
84 State	FL
85 Zip Code	

11. I, undersigned, in the presence of two witnesses, being duly sworn, Florida Statutes, hereby certify that the above named corporation is subject to the provisions of the Florida Statutes, and that the above named corporation is subject to the provisions of the Florida Statutes, and that the above named corporation is subject to the provisions of the Florida Statutes, and that the above named corporation is subject to the provisions of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. APPLICANTS FOR OFFICERS AND DIRECTORS	
NAME	PDST HERLIHY, GERARD A 1601 BELVEDERE RD. #500E WEST PALM BEACH FL 33406	NAME	
NAME	D CUDEN, CRAIG T 1601 BELVEDERE RD. #500E WEST PALM BEACH FL 33406	NAME	
NAME	D GOLDSAMT, ROBERT S 1601 BELVEDERE RD. #500E WEST PALM BEACH FL 33406	NAME	C
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	

14. I, undersigned, certify that the information supplied with this filing is voluntarily furnished and checked properly for the corporation stated in the Florida Statutes. I further certify that the information is correct for the annual report or application for a change of name and address and that my signature shall be the same as the signature on the application for change of name for the corporation or the report or the application for change of name for the corporation, and that my name appears on the back of the application for change of name filed with the corporation.

SIGNATURE: *Gerard A Herlihy* 4-26-95 407-684-2225
 SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR DIRECTOR