

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:26

DOCUMENT # **P94000013419 (4)**

NORTH LAKELAND PAIN & TRAUMA, INC.

Principal Office of Business: **5516 U.S. 98 NORTH LAKELAND FL 33809**
Mailing Address: **5516 U.S. 98 NORTH LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: 02/17/1994		3a. Date of Last Report	
4. FEI Number: 59-323-1594		Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	
5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PETRONÉ, GLORIA G 6207 GREEN ROAD LAKELAND FL 33809				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				85. FL		86. Zip Code	

11. I, the undersigned, being a resident citizen and not a non-resident alien of the State of Florida, do hereby certify that the above named corporation is a corporation organized and existing under the laws of the State of Florida. I hereby accept the appointment as registered agent of said corporation and I will accept the responsibilities of such as set forth in Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	President/owner Gloria Petrone 6207 Green Rd Lakeland, FL 33809	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
2. NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
9. NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

REMITTED BY 05/01/95

14. I, the undersigned, certify that the information required with this filing is correct, only furnished and claims not qualify for the exemption stated in has been filed in Florida Statutes. I further certify that the information furnished 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 on the date that this report is filed for of the filing of this report or to be filed on the date that this report is required to, Chapter 607, Florida Statutes, and that my name appears on the list of officers and directors of said corporation with an address.

SIGNATURE: *Gloria G. Petrone* **GLORIA G. PETRONE** 4-14-95 813-858-3993

DO NOT SIGN AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR