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Apr 28, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013419

1. Corporation Name
NORTH LAKE LAND PAIN & TRAUMA, INC.

Principal Place of Business
5516 U.S. 98 NORTH
LAKE LAND FL 33809

Mailing Address
5516 U.S. 98 NORTH
LAKE LAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/17/1994

4. FEI Number
59-3231594
Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETRONE, GLORIA G
6207 GREEN ROAD
LAKE LAND FL 33809

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

Table with 6 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 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, with a further like empowered.

SIGNATURE:

Gloria Petrone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria Petrone

12 Apr 99

Date

941-558-3993

Daytime Phone #

CR2E034 (1/198)