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95MAY -1 PH 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000056772 (4)

1. Corporation Name

THE CENTER FOR CHRONIC PAIN CORP.

Principal Place of Business

Mailing Address

6175 N.W. 153RD ST.
SUITE 100
MIAMI LAKES FL 33014

6175 N.W. 153RD ST.
SUITE 100
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/01/1994

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

PO Box 2662

SUITE

MIAMI FL

33012

DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA-CARRANZA, CARLOS
6175 N.W. 153RD ST.
SUITE 100
MIAMI LAKES FL 33014

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 of person or persons named as registered agent and the corporation

Signature of Registered Agent (signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT
NAME: CARLOS GARCIA-CARRANZA
STREET ADDRESS: 8239 NW 199 STREET
CITY, ST, ZIP: MIAMI FL 33015

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE: SECRETARY
NAME: SAME AS ABOVE

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE: TREASURER
NAME: SAME AS ABOVE

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY, ST, ZIP: [Blank]

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY, ST, ZIP: [Blank]

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY, ST, ZIP: [Blank]

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: *[Signature]* CARLOS GARCIA-CARRANZA 4/18/95 569 0595 (305)
ON FILE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR