FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:24

DOCUMENT # **P94000088681 (9)**

1. Corporation Name
PAIN MANAGEMENT CENTER OF TAMPA, INC.

Principal Place of Business	Mailing Address
14001 DALLAS PARKWAY SUITE 200 DALLAS TX 75240	14001 DALLAS PARKWAY SUITE 200 DALLAS TX 75240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2700 Colorado Ave.	26 2700 Colorado Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Santa Monica, Ca	City & State 28 Santa Monica, Ca
Zip 24 90404 / County 25 USA	Zip 29 90404 / County 30 USA

4. FEI Number: 75-2569854 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	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 _____ 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	D	11 TITLE	D/SVP/S x ☐ Change ☐ Addition
NAME	SABATINO, THOMAS J JR.	12 NAME	Scott M. Brown
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200	13 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP	DALLAS TX 75240	14 CITY ST ZIP	Santa Monica, Ca 90404
TITLE	D	21 TITLE	P x ☐ Change ☐ Addition
NAME	BAILEY, BARY G	22 NAME	Michael H. Focht, Sr.
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200	23 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP	DALLAS TX 75240	24 CITY ST ZIP	Santa Monica, Ca 90404
TITLE	D	31 TITLE	EVP x ☐ Change ☐ Addition
NAME	SMITH, W. RANDOLPH	32 NAME	Thomas B. Mackey
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200	33 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP	DALLAS TX 75240	34 CITY ST ZIP	Santa Monica, Ca 90404
TITLE		41 TITLE	VP/T x ☐ Change ☐ Addition
NAME		42 NAME	Terence P. McMullen
STREET ADDRESS		43 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP		44 CITY ST ZIP	Santa Monica, Ca 90404
TITLE		51 TITLE	EVP x ☐ Change ☐ Addition
NAME		52 NAME	W. Randolph Smith
STREET ADDRESS		53 STREET ADDRESS	14001 Dallas Parkway, Ste. 200
CITY ST ZIP		54 CITY ST ZIP	Dallas, Tx 75240
TITLE		61 TITLE	VP/AS x ☐ Change ☐ Addition
NAME		62 NAME	Thomas J. Sabatino, Jr.
STREET ADDRESS		63 STREET ADDRESS	14001 Dallas Parkway, Ste. 200
CITY ST ZIP		64 CITY ST ZIP	Dallas, Tx 75240

14. I do 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)(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.

SIGNATURE: _____ Thomas J. Sabatino, Jr. 4/7/95 214/789-2465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302640 CP