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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P94000088681

1. Corporation Name

PAIN MANAGEMENT CENTER OF TAMPA, INC.

Principal Place of Business	Mailing Address
3820 STATE STREET SANTA BARBARA CA 93105 US	C/O MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1994**

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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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: Required if Item 9 is completed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSVP	[X] DELETE	11 TITLE	DVS [ ] Change [X] Address
NAME	BROWN, SCOTT M.		12 NAME	Richard B. Silver
STREET ADDRESS	3820 STATE STREET		13 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105		14 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	P	[ ] DELETE	21 TITLE	[ ] Change [ ] Add'l Info
NAME	FOCHT, MICHAEL H.		22 NAME	
STREET ADDRESS	3820 STATE STREET		23 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105		24 CITY-ST-ZIP	
TITLE	EVP	[ ] DELETE	31 TITLE	000002850240--9
NAME	MACKEY, THOMAS B.		32 NAME	-04/23/99--01106--025
STREET ADDRESS	2011 PALOMAR AIRPORT RD.		33 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	CARLSBAD CA 92009		34 CITY-ST-ZIP	[ ] Change [ ] Add'l Info
TITLE	VPT	[ ] DELETE	41 TITLE	[ ] Change [ ] Add'l Info
NAME	MCMULLEN, TERENCE P.		42 NAME	
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY-ST-ZIP	
TITLE	EVP	[ ] DELETE	51 TITLE	[ ] Change [ ] Add'l Info
NAME	SMITH, W. RANDOLPH		52 NAME	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200		53 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX		54 CITY-ST-ZIP	
TITLE	AS	[X] DELETE	61 TITLE	AS [ ] Change [X] Address
NAME	LUNDGREN, ALAN		62 NAME	Caitlin M. Larsen
STREET ADDRESS	3820 STATE STREET		63 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105		64 CITY-ST-ZIP	Santa Barbara, CA 93105

CR2E034 (1/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: _____ Caitlin M. Larsen, Asst. Sec. 4/9/99 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone