FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000047739

Country

9. Name and Address of Current Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,

Corporation Name

ADVANCED PAIN CARE, INC.

DENNISON, TATIANA C 2801 W. WATERS AVE..STE.C

TAMPA FL 33614

Principal Place of Business

Mailing Address

27

2801 W. WATERS AVE..STE.C TAMPA FL 33614

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

21

22

23 Zip

24

2801 W. WATERS AVE..STE.C TAMPA FL 33614

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90053 041 ***150.00

DO NOT WRITE IN T	HIS SPAC	E
23. Date Incorporated or Qualifed		
262902 4. FEL Number 35/3759		Applied For Not Applicable
5. Certifcate of Status Desired		.75 Additional ee Required
F/A. 6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
8. This corporation owes the current year Personal Property Tax.	PYe	s 🗆 No
10. Name and Address of New Register	red Agent	<u> </u>
81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	EL 85	Zip Code
the above-named corporation submits this statement for the purposiorized by the corporation's board of directors. I hereby accept the applications.	e of chang pointment	ing its registered as registered
gistered Agent signature required when reinstating) DATE		
13. ADDITIONS/CHANGES TO OFFICERS		RECTORS IN 12
1.1 TILE	ن کرد	nange 🔄 Abdilion
12 NAME 12 NAME 13 STREET ADDRESS 2 FOI W. WATERS AVE,		
1.3 STREET ADDRESS 2 FOT W. WATERS 270.	אט לפ	
1.4 CITY-ST-ZIP	/ 7	hange

office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. DELETE TITLE NAME 2 801 W. WAters Ave., Ste, C 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF STORNING OFFICER OR DIRECTOR

3-14-99

1813 930-2300

Daytime Phone #