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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1990

V46130

(3)

1. Corporation Name TRAUMA & PAIN MANAGEMENT CENTERS, INC.  Principal Place of Business 9765 SAN JOSE BLVD. JACKSONVILLE FL 32257  Mailing Address 9765 SAN JOSE BLVD. JACKSONVILLE FL 32257					
				3. Date Incorporated or Qualified 06/22/1992	3a. Date of Last Report 05/01/1995
. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3128420	Applied For Not Applicabl
Suite, Apt. #,	eto.	Suite Ant #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to rees
Zip 4	Country 25	Ζφ <b>29</b>	Gountry 30		No No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	Registered Agent
			81 Name		
	K, CHERYL		82 Street Add	iress (P.O. Box Number is Not Acceptat	ole)
9765 SAN JOSE BLVD. JACKSONVILLE FL 32257			83		
JACKOL	JAVILLE PL 32231				
			84 City		FL 85 Zip Code
or registered familiar with,	d agent, or both, in the State of Flor , and accept the obligations of, Sec	rida. Such change was author blion 607.0505, Florida Statute	ized by the corporation's boars.	oration submits this statement for the pu ard of directors. I hereby accept the app	oointment as registered agent. I am
or registered familiar with, SIGNATURE:	d agent, or both, in the State of Fixing, and accept the obligations of, Sec grature, tyled or printed hence of registered age OFFICERS AN	nda, Such change was author chon 607,0505, Florida Statute maas bout applicable P ND DIRECTORS	1260 by the corporation's book 13. Registered April Sprinter requir	and the reliables	DATE FICERS AND DIRECTORS IN 12
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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)(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 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:

SIGNATURE AND WPEO OR PRINTED

E OF SIGNING OFFICER OR DIRECTOR

4/30/96 (904) 292, 3080

CR2E034 (12/95