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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 519805 (6)
1. Corporation Name
DOCTORS PAIN CLINIC, THOMAS F. FREDRICK, D.C., P
.A.



Principal Place of Business
4823 EBBTIDE LANE
405
PORT RICHEY FL 34668
US

Mailing Address
4817 MILE STRETCH DR.
HOLIDAY FL 34680-4330

3. Date Incorporated or Qualified 12/07/1976	3a. Date of Last Report 02/07/1996
4. FEI Number 59-1722549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

FREDRICK, THOMAS F.
~~4817 MILE STRETCH DR.~~
~~HOLIDAY FL 33500~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4823 EBBTIDE LANE #405
83
84 City
PORT RICHEY FL 85 Zip Code
34668

11. Pursuant to the provisions of Sections 607.0507 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: *Thomas Fredrick* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME FREDRICK, THOMAS F.		1.2 NAME	
STREET ADDRESS 4817 MILE STRETCH DRIVE		1.3 STREET ADDRESS 4823 EBBTIDE LANE #405	
CITY-ST-ZIP HOLIDAY FL		1.4 CITY-ST-ZIP PORT RICHEY FL 34668	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME FREDRICK, THOMAS F.		2.2 NAME	
STREET ADDRESS 4817 MILE STRETCH DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP HOLIDAY FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Thomas Fredrick* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3/6/97 DAYTIME PHONE: 813-846-1424