

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90052 048 ***150.00

DOCUMENT # 519805

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

4617 MILE STRETCH DR.
HOLIDAY FL 34690-1330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1976

4. FEI Number

59-1722549

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 ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 4823 Ebbtide Ln

27 Suite, Apt. #, etc.

28 Port Richey, FL

29 34668 30 PASCO

9. Name and Address of Current Registered Agent

FREDRICK, THOMAS F.
4823 EBBTIDE LANE
#405
PORT RICHEY FL 34668

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 THOMAS F. FREDRICK, D.C.

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FREDRICK, THOMAS F.
STREET ADDRESS 4823 EBBTIDE LANE #405
CITY-ST-ZIP PRT RICHEY FL

TITLE VS
NAME FREDRICK, THOMAS F.
STREET ADDRESS 4823 EBBTIDE LANE #405
CITY-ST-ZIP PORT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

THOMAS F. FREDRICK, D.C.

Date

Daytime Phone #

1-29-99 727/813/6424

CR2E034 (11/98)

0603457