FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G71004 (7)

1. Corporation Name
NEUROPSYCHIATRIC PAIN REHABILITATION CLINIC, INC

Principal Place of Business
5330 GEORGE STREET
NEW PORT RICHEY FL 34652

Mailing Address
5330 GEORGE STREET
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1983
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-2351616 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
2753 STATE RD. 580
STE. 204
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: Gottlieb
82 Street Address (P.O. Box Number is Not Acceptable): 2475 Enterprise Road, #100
83
84 City: Clearwater FL 85 Zip Code: 34623

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 ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MATOS, OTSENRE
STREET ADDRESS	1512 BURNS POINT CIRCLE
CITY-ST-ZIP	NEW PT RICHEY FL
TITLE	T
NAME	PENICK, VICKIE
STREET ADDRESS	5525 BERKLEY RD.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	S
NAME	MATOS, JOYCE PARKS
STREET ADDRESS	1512 BURNS POINT CIRCLE
CITY-ST-ZIP	NEW PT RICHEY FL
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Vicki M. Penick Vickie M. Penick 4/28/95 813-849-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0343335 CP