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

Mailing Address

**TAMPA FL 33613** 

14813 LAKE MADELENE CIRCLE

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K46627

Principal Place of Business

**TAMPA FL 33613** 

14813 LAKE MADELENE CIRCLE

PAIN AND STRESS MANAGEMENT ASSOCIATES, INC.

						3. Date incorporated or	œudillou.		
						11/17/1988			
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26				59-2916044			Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			*	5. Certificate of Status D	esired	•	5 Additional Required
2   City & Sta	to.	City & State				6. Election Campaign Fi	nancina	\$5.0	00 May Be
		28				Trust Fund Contribution	on —		ed to Fees
Zip	Country	Zip	Cou	ntrv		8. This corporation owes		ntangible	
¬ ˙	25	29	30	•		Personal Property Ta	•	<b>☑</b> Yes	□No
4	9. Name and Address of Current	<del></del>	30	Γ''-	<del></del> -	10. Name and Address		d Agent	
	V. Hally and Address of Carrent	7.09.010.00		81	Name				
SHO	ort, paul r.			L			<del></del>		
	2 NORTH 40TH STREET			82 Street Address (P.O. Box Number is Not Acceptable)					
	TE B			83					
	IPA FL FL 33604			63					
IAN	IFA FL FL 33004			84	City			85 Z	ip Code
							<u>_</u> <u>_</u>		
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State o	f Florida. Such change wa	s authorized	ı by tr	named corporation	oration submits this statement on's board of directors. I here	nt for the purpose of the app	or cnanging jointment as	registered
agent. (	am familiar with, and accept the obligation	ons of, Section 607.0505,	Florida Stati	utes.					
SIGNATURE									
	Signature, typed or printed name of registered agent			Agent	signature required	d when reinstating)	DATE	AND DIDEC	TOPE IN 12
<u> 12</u>	OFFICERS AND		13.			ADDITIONS/CHANGE	S TO OFFICERS		
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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:

2/23/99

**FILED** 

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90091 002 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)