FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K56360** **(6)**

1. Corporation Name

TALLAHASSEE PAIN AND STRESS MANAGEMENT INSTITUTE , INC.

Principal Place of Business
% CLAIRE D. DRYFUSS
1970C NICKLANS
TALLAHASSEE FL 32301

Mailing Address
% CLAIRE D. DRYFUSS
1970C NICKLANS
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 01/06/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1823 Buford Court
Suite, Apt. #, etc. 22
City & State 23 Tallahassee, FL
Zip 24 32308 Country 25

2a. Mailing Address
26 1823 Buford Court
Suite, Apt. #, etc. 27
City & State 28 Tallahassee, FL
Zip 29 32308 Country 30

4. FEI Number: 59-2926752 — 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

9. Name and Address of Current Registered Agent

DRYFUSS, CLAIRE D.
1970C NICKLANS
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: ASHMORE, JIMMY
82 Street Address (P.O. Box Number is Not Acceptable): 109 S. Main Street
83
84 City: Havana FL 85 Zip Code: 32333

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: Jim R. Ashmore — 3/29/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MAY, JACK GRIFFIN, JR.	
STREET ADDRESS	1823 BUFORD COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	☐ DELETE
NAME	CHLOPAN, BRUCE	
STREET ADDRESS	1823 BUFORD COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	☐ DELETE
NAME	MOORE, DAVID	
STREET ADDRESS	1823 BUFORD COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	☐ DELETE
NAME	RICKE, JILL L	
STREET ADDRESS	1823 BUFORD COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☒ Addition
1.2 NAME	MAY, JACK GRIFFIN, III	
1.3 STREET ADDRESS	1823 BUFORD CT	
1.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	☒ Change ☐ Addition
3.2 NAME	MOORE, DAVID	
3.3 STREET ADDRESS	1823 BUFORD COURT	
3.4 CITY-ST-ZIP	TALLAHASSEE FL	
4.1 TITLE	VP	☒ Change ☐ Addition
4.2 NAME	RICKE, JILL L.	
4.3 STREET ADDRESS	1823 Buford Court	
4.4 CITY-ST-ZIP	Tallahassee FL	
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		

CR2E034 (12/95)

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: Claire D. Dryfuss III — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/13/96 Date — 904-878-0066 Daytime Phone #