FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 13 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 # **K56360** **(6)**

1. Corporation Name
TALLAHASSEE PAIN AND STRESS MANAGEMENT INSTITUTE , INC.

Principal Place of Business	Mailing Address
1823 BUFORD COURT 1970C NICKLANS TALLAHASSEE FL 32308 US	1823 BUFORT COURT 1970C NICKLANS TALLAHASSEE FL 32308-4465 US

2. Street Address (No P.O. Box) — 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 | Country — 30

3. Date Incorporated or Qualified: **01/06/1989**
3a. Date of Last Report: **05/01/1996**
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
ASHMORE, JIMMY
109 S MAIN ST
HAVANA FL 32333

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP	1.1 TITLE	Treasurer ☒ Change ☐ Addition
1.2 NAME	MAY, JACK GRIFFIN I	1.2 NAME	May, Jack G. III
1.3 STREET ADDRESS	1823 BUFORD CT	1.3 STREET ADDRESS	1823 Buford Court
1.4 CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
2.1 TITLE	S ☐ DELETE	2.1 TITLE	President ☒ Change ☐ Addition
2.2 NAME	CHLOPAN, BRUCE	2.2 NAME	Chlopan, Bruce
2.3 STREET ADDRESS	1823 BUFORD COURT	2.3 STREET ADDRESS	1823 Buford Court
2.4 CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
3.1 TITLE	P ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	MOORE, DAVID	3.2 NAME	
3.3 STREET ADDRESS	1823 BUFORD CT	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
4.1 TITLE	VP ☐ DELETE	4.1 TITLE	Secretary ☒ Change ☐ Addition
4.2 NAME	RICKE, JILL L.	4.2 NAME	Ricke, Jill L.
4.3 STREET ADDRESS	1823 BUFORD COURT	4.3 STREET ADDRESS	1823 Buford Court
4.4 CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32308
5.1 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: Jack G May III, Ph.D. Treasurer 3/9/97 904-878-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #