


FILED
May 15 1998 8:00am
Secretary of State

**PROFIT CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # L05961

1. Corporation Name
MIAMI HEADACHE CENTER, INC.

(2)

Principal Place of Business

% KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET #2800
MIAMI FL 33131

Mailing Address

% KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET #2800
MIAMI FL 33131

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND STREET
SUITE 100
MIAMI FL 33131

81 Name

82 Street Address

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is a corporation organized under the laws of the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	7100 W 20TH AVE #515	
CITY - ST - ZIP	HIALEAH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORTIZ-CRUZ, DESIREE MD	
STREET ADDRESS	7100 W 20TH AVE #515	
CITY - ST - ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

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	

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I, or the receiver or trustee, am empowered to execute this report as required by Chapter 607, Florida Statutes; and that I am an attorney with an address:

[Signature] Desirée Ortiz-Cruz MD 4/30/98

CR2E034 (10/97)