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

**FILED** PROFIT. FLORIDA DEPARTMENT OF STATE May 15 1998 8:00am **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # MIAMI HEADACHE CENTER, INC. Principal Place of Business Mailing Address \* KTG&S REGISTERED AGENT CORPORATION % KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET #2800 100 S.E. 2ND STREET #2800 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0142755 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П Added to Fees Zip Country ZID 6. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 MIAMI FL 33131 84 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 Signature, typed or printed name of registered agent and little it applicable (NOTI: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 STD DELETE TATLE 1.1 701,8 Change Addition LUIS, RENIA A MD NAME 1.2 NAME 7100 W 20TH AVE #515 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP PD DELETE Change TITLE 21 TITLE Addition NAME ORTIZ-CRUZ, DESIREE MD 22 NAME STREET ADDRESS 7100 W 20TH AVE #515 2.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

14. I hereby cartify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the related Block 12 or Block 13 if changed, or on an extract cae Octiz-CRUZ MO 4/30/98 SIGNATURE.

6.3 STREET ADDRESS

o does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information open is the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS

CITY-ST-ZIP