

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 # L13893 (7)

1. Corporation Name

NANCY A. CORSO, D.C., P.A.

PAIN Management Technologies, Inc.

Principal Place of Business

Mailing Address

1167 HILLSBORO MILE  
616-F  
HILLSBORO BEACH FL 33021  
US

% NANCY A. CORSO, D.C.  
1167 HILLSBORO MILE, SUITE 616-F  
HILLSBORO BCH. FL 33062  
US



3. Date Incorporated or Qualified  
-09/01/1989 4/6/96

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

65-0171842

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

10. Name and Address of New Registered Agent

CORSO, NANCY A., D.C.  
1167 HILLSBORO MILE  
SUITE 616-F  
HILLSBORO BCH. FL 33062

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME CORSO, NANCY A., D.C.  
STREET ADDRESS 1167 HILLSBORO MILE, SUITE 616-F  
CITY - ST - ZIP HILLSBORO BCH. FL

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Weisner, Rochelle  
1.3 STREET ADDRESS 1042 Del Drive  
1.4 CITY - ST - ZIP Cherry Hill, NJ 08003

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition  
2.2 NAME CORSO, Nancy  
2.3 STREET ADDRESS 1167 S Hillsboro Mile 616F  
2.4 CITY - ST - ZIP Hillsboro Bch, FL 33062

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

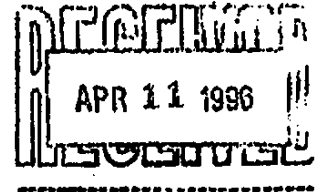
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15 4/24/96

CR2E034 (12/95)



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**



**April 9, 1996**

**ALAN RICHARD SIMON, ESQ.**  
**ONE BOCA PLACE, ATRIUM 226**  
**2255 GLADES ROAD**  
**BOCA RATON, FL 33431-7305**

**Re: Document Number L13893**

**The Articles of Amendment to the Articles of Incorporation of NANCY A. CORSO, D.C., P.A. which changed its name to PAIN MANAGEMENT TECHNOLOGIES, INC., a Florida corporation, were filed on April 4, 1996.**

**Should you have any questions regarding this matter, please telephone (904) 487-6050, the Amendment Filing Section.**

**Thelma Lewis**  
**Corporate Specialist Supervisor**  
**Division of Corporations**

**Letter Number: 596A00016179**