FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:49

DOCUMENT # L34360 (2)

1. Corporation Name
NEUROLOGIC PAIN CONTROL, INC.

Principal Place of Business	Mailing Address
5438 WEST ATLANTIC BLVD. MARGATE FL 33063-5215	5438 WEST ATLANTIC BLVD. MARGATE FL 33063-5215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0160344 ☐ 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

REUVEN, MICHAEL
5438 WEST ATLANTIC BOULEVARD
MARGATE 33063

10. Name and Address of New Registered Agent

81 Name: MICHAELI, MIRI
82 Street Address (P.O. Box Number is Not Acceptable): 5438 WEST ATLANTIC BLVD
83
84 City: MARGATE FL 85 Zip Code: 33063

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 of new registered agent and title, if applicable) (NOTE: Registered Agent signature required when filing online) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PTD ☑ Change ☐ Addition
NAME	MICHAELI, REUVEN	12 NAME	MICHAELI, MIRI
STREET ADDRESS	5438 WEST ATLANTIC BLVD.	13 STREET ADDRESS	5438 WEST ATLANTIC BLVD
CITY ST ZIP	MARGATE FL	14 CITY ST ZIP	MARGATE FL 33063
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	MICHAELI, MIRI	22 NAME	
STREET ADDRESS	5438 WEST ATLANTIC BLVD.	23 STREET ADDRESS	
CITY ST ZIP	MARGATE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added on an attachment with an address.

SIGNATURE: Miri Michaeli — 1-10-95 — 305-975 5545
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0106A14 CR