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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # **L48910** **(8)**

1. Corporation Name

ST. JOHN NEUROMUSCULAR PAIN RELIEF INSTITUTE, IN C.

Principal Place of Business	Mailing Address
C/O PAUL ST. JOHN 10950 72ND ST., N., STE. 103 LARGO FL 34647	C/O PAUL ST. JOHN 10950 72ND ST., N., STE. 103 LARGO FL 34647

3. Date Incorporated or Qualified: **02/05/1990**
3a. Date of Last Report: **07/18/1995**

2. Principal Place of Business
21: 10710 SEMINOLE BLVD STE 2
22 Suite, Apt. #, etc.: SEMINOLE, FL
23 City & State:
24 Zip: 34648
25 Country:

2a. Mailing Address
26: 10710 SEMINOLE BLVD
27 Suite, Apt. #, etc.: SUITE 2
28 City & State: SEMINOLE, FL
29 Zip: 34648
30 Country:

4. FEI Number: **59-2998382** ☐ 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**

ST. JOHN, PAUL
10950 72ND ST N 103
LARGO FL 34647

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: Paul St John
Signature, typed or printed name of registered agent and, if an officer, title (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ST. JOHN, PAUL		1.2 NAME		
STREET ADDRESS	10950 72ND ST 103		1.3 STREET ADDRESS	10710 SEMINOLE BLVD ST 2	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	SEMINOLE, FL 34648	
TITLE	DST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BRODY, MICHELLE		2.2 NAME		
STREET ADDRESS	10950 72ND ST N 103		2.3 STREET ADDRESS	10710 SEMINOLE BLVD ST 2	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	SEMINOLE, FL 34648	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ 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 ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: Paul St John 3/27/96 813-352-2699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #