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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M51818 (6)
1. Corporation Name
HOLLYWOOD PAIN AND DIAGNOSTICS CENTER, INC.



Principal Place of Business Mailing Address
2607 POLK STREET 2607 POLK STREET
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-4822

3. Date Incorporated or Qualified 05/08/1987 3a. Date of Last Report 05/01/1996
4. FEI Number 59-2724549 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

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

9. Name and Address of Current Registered Agent
VINSANT, JOHN
2607 POLK STREET
HOLLYWOOD FL 33020

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 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 11 TITLE ☐ Change ☐ Addition
NAME VINSANT, JOHN 12 NAME
STREET ADDRESS 2607 POLK STREET 13 STREET ADDRESS
CITY- ST- ZIP HOLLYWOOD FL 14 CITY- ST- ZIP
TITLE ☐ DELETE 21 TITLE ☐ Change ☐ Addition
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS
CITY- ST- ZIP 24 CITY- ST- ZIP
TITLE ☐ DELETE 31 TITLE ☐ Change ☐ Addition
NAME 32 NAME
STREET ADDRESS 33 STREET ADDRESS
CITY- ST- ZIP 34 CITY- ST- ZIP
TITLE ☐ DELETE 41 TITLE ☐ Change ☐ Addition
NAME 42 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY- ST- ZIP 44 CITY- ST- ZIP
TITLE ☐ DELETE 51 TITLE ☐ Change ☐ Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY- ST- ZIP 54 CITY- ST- ZIP
TITLE ☐ DELETE 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)