SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUL 29 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M62736** **(7)**

1. Corporation Name
NATIONAL PAIN CONTROL CORP.

Mailing Address
~~7000 NW 15TH STREET~~
P. O. BOX 141129 CORAL GABLES, FL 33114
~~MIAMI FL 33129~~

Principal Place of Business
~~7000 NW 15TH STREET~~
P. O. BOX 141129 CORAL GABLES, FL 33114
MIAMI FL ~~33129~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1987
3a. Date of Last Report: 05/01/1993

2. Mailing Address
21 3305 N.W. 74 Ave
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip 24 33122
Country 25 USA

2a. Principal Place of Business
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 65-0012985 — 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~SANCHEZ DAVID~~
~~520 NW 135TH AVE.~~
~~MIAMI FL 33182~~
CARMONA, ISABEL
300 S.W. 128 AVE.
MIAMI, FL 33184

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable — date — Registered Agent signature required when indicated — DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1.	
1.1 TITLE	~~P/D~~	1.1 TITLE	
1.2 NAME	~~SANCHEZ, DAVID~~	1.2 NAME	
1.3 STREET ADDRESS	~~520 NW 135TH AVE.~~	1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	~~MIAMI FL~~	1.4 CITY, ST, ZIP	
2.1 TITLE	~~V/D~~	2.1 TITLE	
2.2 NAME	~~BARRO, MANUEL~~	2.2 NAME	
2.3 STREET ADDRESS	~~10224 SW 8TH TERRACE~~	2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	~~MIAMI FL~~	2.4 CITY, ST, ZIP	
3.1 TITLE	~~S/T/D~~ P D	3.1 TITLE	
3.2 NAME	CARMONA, ISABEL	3.2 NAME	
3.3 STREET ADDRESS	300 SW 128 AVENUE	3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	MIAMI FL 33184	3.4 CITY, ST, ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP		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, 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 trustee or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, 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 FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #