

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14110 (3)

1. Corporation Name

ST. MARY'S PAIN CENTER, INC.

Principal Place of Business

5205 GREENWOOD AVENUE
WEST PALM BEACH FL 33407
US

Mailing Address

1309 NORTH FLAGLER DR.
WEST PALM BEACH FL 33401-34063. Date Incorporated or Qualified
03/31/19863a. Date of Last Report
10/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 1309 No. Flagler Drive

Suite, Apt. #, etc.

27 City & State

28 West Palm Beach, FL

29 Zip

Country

30 Palm Beach

4. FEI Number
59-2764263

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

□ Yes

X No

9. Name and Address of Current Registered Agent

GOODWIN LARCOMBE, VALERIE
1309 NORTH FLAGLER DR.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
Valerie G. Larcombe82 Street Address (P.O. Box Number is Not Acceptable)
1309 No. Flagler Drive

83

84 City
West Palm Beach

FL

85 Zip Code
33401

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-28-97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME FRENCH, MICHAEL
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE S ☐ DELETE
NAME LARCOMBE, VALERIE
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE D ☐ DELETE
NAME MURPHY, MARTIN
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE TD ☐ DELETE
NAME GARDNER, GREG
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE D ☐ DELETE
NAME DUTCHER, PHILLIP C
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE D ☒ DELETE
NAME SAVILL, PHYLLIS
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Valerie G. Larcombe
2.3 STREET ADDRESS 1309 No. Flagler Drive
2.4 CITY-ST-ZIP West Palm Beach, FL 334013.1 TITLE CD ☒ Change ☐ Addition
3.2 NAME Martin Murphy
3.3 STREET ADDRESS 1309 No. Flagler Drive
3.4 CITY-ST-ZIP West Palm Beach, FL 334014.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME Frank Nask
4.3 STREET ADDRESS 1309 No. Flagler Drive
4.4 CITY-ST-ZIP West Palm Beach, FL 334015.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME Phillip C. Dutcher
5.3 STREET ADDRESS 1309 No. Flagler Drive
5.4 CITY-ST-ZIP West Palm Beach, FL 334016.1 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 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 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 SIGNING OFFICER OR DIRECTOR

4-22-97

Date

561-650-6126

Daytime Phone # 0038154

CR2E037 (9/96)