CRZE037 (5/99)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ST. MARY'S PAIN CENTER, INC.

Principal Place of Business
901 45TH STREET WEST PALM BEACH FL 33407 US

Mailing Address

1309 NORTH FLAGLER DR. WEST PALM BEACH FL 33401

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90023 008 ****70.00



Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 City & State 25 Country 26 Zip 27 Country 28 Suite Agency 29 Suite Agency 20 Suite Agen	·	oal Place of Business	2a. Mailing Address	ng Address		3. Date Incorporated or Qualifed 03/31/1986			
Sp-2764263 Not Applicable City & State City & State Sp-2764263 Not Applicable Status Desired							And	lind For	
City & State 23	==::=,: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;					59-2764263			
Zip	22					00 2104200			
Zip Country Zip Country Country Zip Country Countr		State	28			5. Certifcate of Status Desired			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent GOODWIN LARCOMBE, VALERIE 1309 NORTH FLAGLER DR. WEST PALM BEACH FL 33401 14. City FL 85 Signature, byed or privisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, in an familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in an familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAIME 12. OFFICERS AND DIRECTORS IN 12 PAIME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAIME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAIME 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAIME 14. CITY ST. ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAIME 15. TITLE 16. Change Addit Additional PAIME Agent agent and the Agent agent agent and the Agent agen		Country	Zip	Country	/	6. Election Campaign Financing			
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indicated on this annual report or supplied with this limits does not qualify for the exemption stated in Section 119.07(3)(f), Fronta Statutes, Fronta Statutes, I named certify that the Information indicated on this annual report or suppliemental 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 ap address, with all other like empowered.