

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000014457 (4)

1. Corporation Name

PAIN MANAGEMENT CONSULTANTS, INC.



Principal Place of Business

11940 FAIRWAY LAKES DR
SUITE 7
FT. MYERS FL 33913
US

Mailing Address

11940 FAIRWAY LAKES DR.
SUITE 7
FT. MYERS FL 33913
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 8380 Riverwalk Park Blvd.

Suite, Apt. #, etc.

27 Suite 320

City & State

28 Ft. Myers, FL

Zip

29 33913

Country

30 Lee

3. Date Incorporated or Qualified
02/25/1993

3a. Date of Last Report
04/25/1995

4. FEI Number
65-0392182

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

10. Name and Address of New Registered Agent

PAULICH, JOHN III
2150 GOODLETTE RD.
NAPLES FL 33940

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 of Registered Agent (if not the same as the above named corporation)

Signature of New Registered Agent (if not the same as the above named corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME KANDEL, JOSEPH
STREET ADDRESS 11940 FAIRWAY LAKES DR. #7
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

DV
NAME SUDDERTH, DAVID
STREET ADDRESS 11940 FAIRWAY LAKES DR. #7
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 8380 Riverwalk Park Blvd., Suite 320

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 8380 Riverwalk Park Blvd., Suite 320

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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(3)(k), 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 a receiver or trustee or person in power 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 attached new card address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96

(941) 437-1121

CR2E034 (12/95)