

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000016313 (7)**

1. Corporation Name

ADVANCED PAIN MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

~~7200 S.W. 8TH AVENUE~~
~~UNIT 14~~
~~GAINESVILLE FL 32607~~

← OLD →

~~7200 S.W. 8TH AVENUE~~
~~UNIT 14~~
~~GAINESVILLE FL 32607~~

2. Principal Place of Business

2a. Mailing Address

21 **6830 NW 11th Place**
Suite, Apt. #, etc.

26 **6830 NW 11th Place**
Suite, Apt. #, etc.

22 **B**
City & State

27 **B**
City & State

23 **Gainesville, FL**
Zip Country

28 **Gainesville, FL**
Zip Country

24 **32605-4234** 25 **Alachua**

29 **32605-4234** 30 **Alachua**

9. Name and Address of Current Registered Agent

CHRISTMANN, THOMAS G
527 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/23/1993

3a. Date of Last Report

02/03/1995

4. FEI Number

59-3169726

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

10. Name and Address of New Registered Agent

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 date of signature)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WITTE, PAUL**
STREET ADDRESS **7200 SW 8TH AVE #14**
CITY- ST- ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **6830 NW 11th Place, Suite B**
1.4 CITY- ST- ZIP **Gainesville, FL 32605-4234** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 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 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 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

Paul Witte

Date

3-7-96 (352) 331-3050

Daytime Phone #

CR2E034 (12/95)