

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mettham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P93000016313 (7)

1. Corporation Name

ADVANCED PAIN MANAGEMENT SERVICES, INC.

Principal Place of Business

6830 NW 11TH PLACE
#B
GAINESVILLE FL 32605-4234
US

Mailing Address

6830 NW 11TH PLACE
#B
GAINESVILLE FL 32605-4234
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 503 SW 97th Terrace | | 26 503 SW 97th Terrace | | 02/23/1993 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3169726 | |
| City & State | | City & State | | Applied For | |
| 23 Gainesville FL | | 28 Gainesville FL | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 32607 | | 29 32607 | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 Alachua | | 30 Alachua | | Trust Fund Contribution | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | |
| CHRISTMANN, THOMAS G 527 E. UNIVERSITY AVENUE GAINESVILLE FL 32601 | | 81 Name 82 Street Address (P.O. Box Number is Not Applicable) 83 84 City | | | |
| | | WALTER Toveach 5011 NW 8th Avenue Gainesville FL 32606 | | | |

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Walter Toveach* DATE: 3-10-98

| | | | |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | | 1.1 TITLE | |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | | 2.2 NAME | |
| 2.3 STREET ADDRESS | | 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | | 3.2 NAME | |
| 3.3 STREET ADDRESS | | 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | | 4.2 NAME | |
| 4.3 STREET ADDRESS | | 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | | 5.2 NAME | |
| 5.3 STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | | 6.2 NAME | |
| 6.3 STREET ADDRESS | | 6.4 CITY-ST-ZIP | |

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter Toveach* DATE: 2-3-98 (352) 376-1887

CR2034 (10/97)