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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000018158

1. Corporation Name

SOUTH FLORIDA PAIN RELIFF MANAGEMENT, INC.

Principal Plac	ce of Business	Mailing Addre	ess				1144 MATEL WASAN 14MAT (ATAL)	1885 81181 1811 1881
680 W 77 ST		680 W 77 ST						
HIALEAH FL 33014 HIALEAH FL 33014								
							TE IN THIS SPACE	* ***
						3. Date incorporated or Qualifed 03/10/1993	• • •	
2. Principal P	Place of Business	2a. Mailing Ad	dress	-		4. FEI Number	.	Applied For
21		26				65-0392790	П	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	. #, etc.			5. Certifcate of Status Desired	\$8.7	5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & Stat	te	City & Sta	ite			6. Election Campaign Financing -	\$5.C)0 [:] May Be —≔
23		28				Trust Fund Contribution	· Adde	ed to Fees
Zip	Country	Zip		Country		8. This corporation owes the curre		
24	25	29	3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Cu	urrent Registered Ager	<u> 1t</u>			10. Name and Address of New R	Registered Agent	
LOP	PEZ, CELESTINO			81	Name			
680 W 77 ST				82	Street Ad	Idress (P.O. Box Number is Not Accepta	ible)	
HIALEAH FL 33014				<u> </u>	·	in a control of the same and the same of the control of the same o		
111/1	LEAN 1 E 33014			83			13	
ļ				84	City	and the state of t		ip Code
				04	City		FL °° 2	th Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Fi	orida Statutes	, the above	-named co	rporation submits this statement for the	purpose of changing	its registered
office or r	registered agent, or both, in the S am familiar with, and accept the ol	itate of Florida. Such chi bligations of, Section 60	ange was auth 7.0505. Florid	horized by la Statutes.	the corpora	ation's board of directors. I hereby accep	ot the appointment as	registered
SIGNATURE	,							
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable	AIOTE: B					
		gpp	(NOIE: RE	egistered Agen	t signature requ	ired when reinstating)	DATE	
12.		S AND DIRECTORS	(NOTE: RE	egistered Agen	t signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	PD	S AND DIRECTORS	DELETE		t signature requ	-11		
	PD LOPEZ, CELESTINO	S AND DIRECTORS		13.	t signature requ	-11	FICERS AND DIREC	
TITLE	PD LOPEZ, CELESTINO 680 W 77 ST	S AND DIRECTORS		13. 1.1 TITLE		-11	FICERS AND DIREC	
TITLE NAME	PD LOPEZ, CELESTINO	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	ADDRESS	-11	FICERS AND DIREC	
TITLE NAME STREET ADDRESS	PD LOPEZ, CELESTINO 680 W 77 ST	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	-11	FICERS AND DIREC	ge Addition
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with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and 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 objective or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information indicated on this annual report or s officer or director of the corpo Block 12 or Block 13 if change

SIGNATURE:

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90035 002 ***158.75