

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
TALLAHASSEE, FLORIDA 32304

DOCUMENT # **P93000065089 (3)**

1. Corporation Name

**MIAMI SHORES PAIN RELIEF CENTER, INC.**

2. Principal Office Address

**209 NE 95TH ST  
SUITE 6  
MIAMI SHORES FL 33138**

2a. Mailing Address

**209 NE 95TH ST  
SUITE 6  
MIAMI SHORES FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Changed  
**09/17/1993**

3a. Date of Last Report  
**08/04/1994**

4. FFI Number  
**65-0436513**

Applied For  
 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

2. Principal Office Address

21. State

22. Date of Report

23. City & State

24. City

2a. Mailing Address

26. State

27. Date of Report

28. City & State

29. City

30. County

**9. Name and Address of Current Registered Agent**

**KRAWCHISON, JOHN DR  
209 NE 95TH ST  
SUITE 6  
MIAMI SHORES FL 33138**

**10. Name and Address of New Registered Agent**

81. Name

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

83. City

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 602 (9)(a) and 602 (10)(A), 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 602 (10)(A), Florida Statutes.

SIGNATURE

(Print Name, Title, and Address of the Registered Agent)

(Print Name, Title, and Address of the Registered Agent)

(Date)

**12. OFFICERS AND DIRECTORS**

12.1	12.2
NAME	<b>D KRAWCHISON, JOHN DR</b>
STREET ADDRESS	<b>209 NE 95TH ST SUITE 6</b>
CITY, ST, ZIP	<b>MIAMI SHORES FL 33138</b>
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1	13.2	13.3
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied and the filing is voluntarily furnished and that I am qualified to qualify for the exemptions stated in Sections 199.032 (1)(a) and 199.032 (1)(b), Florida Statutes. I further certify that the information and the filing is true and correct and that my signature shall have the same legal effect as if made in person. I am familiar with and accept the obligations of Section 602 (10)(A), Florida Statutes, and that my signature is attached to this report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John R. Krawchison*

5-1-95