

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 APR 19 04 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071665 (2)

1. Corporation Name

OCALA PAIN CLINIC AT TEALBROOKE CENTRE, INC.

Principal Place of Business

Mailing Address

2300 SE 17 ST
BLDG 100, SUITE 201
OCALA FL 34471

2300 SE 17 ST
BLDG 100, SUITE 201
OCALA FL 34471

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/07/1993

3a. Date of Last Report

01/04/1995

4. FEI Number

59-3206750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PYLES, STEPHEN T
1303 SE 50 ST.
OCALA FL 34480**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

PYLES, STEPHEN T

STREET ADDRESS

2300 SE 17 ST.

CITY - ST - ZIP

OCALA FL 34471

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**P.T.S
Pyles, Stephen T.
2300 SE 17 ST
OCALA, FL 34471**

☒ Change ☐ Addition

TITLE

V

NAME

LIEBESKIND, ROBERT S

STREET ADDRESS

2300 SE 17 ST.

CITY - ST - ZIP

OCALA FL 34471

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

TS

NAME

THURSTON, GARY

STREET ADDRESS

2300 SE 17 ST.

CITY - ST - ZIP

OCALA FL 34471

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 REGISTERED AGENT

Stephen T. Pyles

4/14/95 904-867-8731

Daytime Phone #