FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 8:58

DOCUMENT # **P94000006518 (2)**

1. Corporation Name
PAIN MANAGEMENT CENTERS OF AMERICA INC.

Principal Place of Business
%354 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE FL 32301

Mailing Address
%354 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report:

21 2. Principal Place of Business:
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip: 25 Country:

26 2a. Mailing Address: c/o Norman Chesler
27 Suite, Apt. #, etc.: 3246 SW 23 ST
28 City & State: MIAMI FL
29 Zip: 33145 30 Country: USA

4. FEI Number: 65-0470328 — 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

9. Name and Address of Current Registered Agent
XL CORPORATE SERVICES, INC.
354 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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 607.0508, 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.

X SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mailing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	CHESLER, NORMAN	1.2 NAME	Chesler Norman
STREET ADDRESS	92-29 QUEENS BLVD., SUITE CD	1.3 STREET ADDRESS	2770 W 5TH Street - Apt 23A
CITY ST ZIP	REGO PARK NY 11374	1.4 CITY ST ZIP	Brooklyn N.Y 11224
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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.

X SIGNATURE: _____ 5/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Signature Required

0400357 FP