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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000040115 (5)

ALDRETE PAIN MANAGEMENT CONSULTANTS, INC.

FILED May 05 1997 8:00am Secretary of State



Or a closed Division	- al Dunie roa		hilina Addraga						
Principal Place			ailing Address	•			· · · · · · · · · · · · · · · · ·		
350 BLUE MOUNTAIN RD SANTA ROSA BEACH FL 32459			350 BLUE MOUNTAIN RD SANTA ROSA BEACH FL 32459-5124						
				,		3. Date Incorporated or Qualified 05/26/1994	3a. Date o		eport
2. Principal Pi	lace of Business	2a.	Mailing Address	A(*****		4. FEI Number	1 X W1 Y 11		plied For
1		26				59-3244793		No	t Applicable
Suite, Apt	#, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 / Fee Re	Additional quired
City & State	f)		City & State			6. Election Campaign Financing	·····	\$5.00	May Be
3		28				Trust Fund Contribution		Added t	
Ζip	Country		Zip	Countr	У	8. This corporation has liability for in	ntangible tax	under s.	199.032,
4	25	29		30			Yes X		
	9. Name and Address	of Current Regis	stered Agent			10. Name and Address of New Reg	jistered Age	<u>nt</u>	
	DRETE, J. ANTONIO			81	Name				
) blue mountain RD			82	Street Ado	dress (P.O. Box Number is Not Acceptable	e)		
SAM	nta rosa beach fl 3	2459			<u> </u>				
				83	3				
				84	City	A STATE OF THE STA	8	5 Zip (Onde
								<u> </u>	
11. Pursuant	to the provisions of Section	s 607.0502 and 6	07.1508, Florida Statu	ites, the above	e-named cor	poration submits this statement for the postion's board of directors. I hereby accept	urpose of cha	anging it	s registered
agent La	registered agent, or both, in am familiar with, and accept	the obligations o	of, Section 607.0505, F	lorida Statute	ny ine corpora ns.	addit's board of directors. Thereby accept	t trie appoint	inein as	registered
DICKIATI IDC	,,				•				
SIGNATURE	Signature typed or printed name of	registered agent and title	e if applicable (NC	TE: Regislered Ap		ulred when reinstaling)	DATE		
	Signature typed or profied name of	registered agent and title CERS AND DIRE		TE: Regislerge Ap		uired when reinstaling) ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12
12.	Signature typed or profied name of				gent signature requ		ERS AND DI	RECTOR Change	
12.	Signature typed or printed name of OFF	CERS AND DIRE	CTORS	13.	gent signature requ		ERS AND DI		
12. THUF NAME	Stgisshare typed or profed harne of OFF	CERS AND DIRE	CTORS	13. 1.1 TITLE 12 NAME	gent signature requ		ERS AND DI		
12. Hilf Name Street address	Signsture typed or probed mane of OFFI D ALDRETE, VALENTIN	CERS AND DIRE	CTORS	13. 1.1 TITLE 12 NAME	gent signature requ		ERS AND DI		
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