

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:25

DOCUMENT # **P94000045177 (0)**

1. Corporation Name:

MEDICAL AND PAIN CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
8474 SW 8 ST MIAMI FL 33144		8474 SW 8 ST MIAMI FL 33144	
<i>New Address</i>			
2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21 9600 SW 8 st	26 9600 SW 8 st	06/13/1994	
22 State Apt # etc #23 B	27 State Apt # etc #23 B	4. FILING FEE	Applied Fee Not Applicable
23 City & State MIAMI, FL	28 City & State MIAMI, FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 33174	25 DADE	29 33174	30 DADE
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HERNANDEZ, HILDA 2471 SW 138 PL MIAMI FL 33175		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 607.0500 and 607.1700, 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 understand the provisions of Sections 607.0500 and 607.1700, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]* **Hilda Hernandez** *05/10/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS TO BE FILED IN ANOTHER JURISDICTION	
OFFICER	PT HERNANDEZ, HILDA 2471 SW 138 PL MIAMI FL 33175	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
OFFICER	JOSE A. JAVARRO, JR.	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
OFFICER	10002 SW 8 ST MIAMI FL 33174	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
OFFICER		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
OFFICER		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev

14. I, the undersigned, certify that the information suggested with this filing is correctly furnished and does not violate the provisions of Section 607.0500, Florida Statutes. I further certify that the information is correct in the above report or supplemental provisions, in that said information and that my signature shall have the same legal effect and shall be given full faith and credit in the same manner as the signature of the registered agent of the corporation. I am familiar with and understand the provisions of Sections 607.0500 and 607.1700, Florida Statutes, and that my signature appears on this report as required by Section 607.1700, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]* *05/10/95* *(305) 264-9966*