FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059585 (7)

1. Corporate Name

UNIVERSITY PAIN THERAPY, P.A.

Principal Place of Business
3704 SWANN AVENUE
TAMPA FL 33609

Mailing Address
3704 SWANN AVENUE
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3500 E Fletcher
Suite, Apt. #, etc.
22 Suite 131
City & State
23 Tampa
Zip
24 33613
County
25 Hillsboro

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3260110 — 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	10. Name and Address of New Registered Agent
HANEY, R. REID 101 E KENNEDY BLVD. SUITE 4100 TAMPA FL 33602	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 TITLE		☐ Change ☐ Addition
NAME	GREENBERGER, ROBERT A	1 NAME		
STREET ADDRESS	3100 E FLETCHER AVE	1 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613	1 CITY-ST-ZIP		
TITLE	D	2 TITLE		☐ Change ☐ Addition
NAME	LONG, FRANK	2 NAME		
STREET ADDRESS	3100 E FLETCHER AVE.	2 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613	2 CITY-ST-ZIP		
TITLE	D	3 TITLE	D	☒ Change ☐ Addition
NAME	~~ROGERS, WILLIAM P~~	3 NAME	Richard Cimanelli	
STREET ADDRESS	~~3100 E FLETCHER AVE.~~	3 STREET ADDRESS	3100 E. Fletcher Ave	
CITY-ST-ZIP	~~TAMPA FL 33613~~	3 CITY-ST-ZIP	Tampa, FL 33613	
TITLE	D	4 TITLE		☐ Change ☐ Addition
NAME	SILVER, RICHARD B	4 NAME		
STREET ADDRESS	3100 E FLETCHER AVE.	4 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613	4 CITY-ST-ZIP		
TITLE	D	5 TITLE		☐ Change ☐ Addition
NAME	BECKENSTEIN, CHARLES R	5 NAME		
STREET ADDRESS	3100 E FLETCHER AVE.	5 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613	5 CITY-ST-ZIP		
TITLE	D	6 TITLE		☐ Change ☐ Addition
NAME	LONGBOTTOM, WARD G	6 NAME		
STREET ADDRESS	3100 E FLETCHER AVE.	6 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613	6 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)(i), 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: RA Greenberger MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094241 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # P94000059646 (7)

1. Corporation Name
PERFECT 10 II, INC.

Principal Place of Business
5436 FOX HOLLOW DR.
BOCA RATON FL 33486

Mailing Address
5436 FOX HOLLOW DR.
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report:

4. FEI Number: 65-0514401 | Applied For | Not Applicable

2. Principal Place of Business | 2a. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

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

GROSS, ESTA
5436 FOX HOLLOW DR.
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code:

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GROSS, ESTA
STREET ADDRESS	5436 FOX HOLLOW DR.
CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	D
NAME	GROSS, MICHAEL
STREET ADDRESS	5436 FOX HOLLOW DR.
CITY-ST-ZIP	BOCA RATON FL 33486

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank entries 1–6: TITLE, NAME, STREET ADDRESS, 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)(i), 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: MICHAEL GROSS
VICE PRESIDENT & DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/95 Daytime Phone #: (407)367-1236

0270655 CP