FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P94000059665 (7)**

1. Corporation Name
PAIN MANAGEMENT PUBLISHING, INC.

Principal Place of Business
692 GOODLETTE ROAD NORTH
NAPLES FL 33940

Mailing Address
692 GOODLETTE ROAD NORTH
NAPLES FL 33940

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report: 04/04/1995
4. FEI Number: 65-0510991 [redacted] Applied For
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. Is this corporation a small business as defined in section 1999.003 Florida Statutes? [X] Yes [ ] No

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

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

9. Name and Address of Current Registered Agent
LOCKER, JOSEPH R JR.
2150 GOODLETTE ROAD
6TH FLOOR
NAPLES FL 33940

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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The registered office and the registered agent of the corporation shall be identical to the registered office and registered agent listed below, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
D	KANDEL, JOSEPH M	692 GOODLETTE ROAD NORTH	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, State, Zip	Change / Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied herein, including any attachments, for the purpose of complying with Section 607.0505, Florida Statutes, is true and accurate. I further certify that I am familiar with and authorized to perform the obligations of a corporation pursuant to Section 607.0505, Florida Statutes. I further certify that I am familiar with and authorized to perform the obligations of a corporation pursuant to Section 607.0505, Florida Statutes, and that the corporation is in compliance with the requirements of Section 607.0505, Florida Statutes, and that its registered office is identical to the registered office and registered agent listed below. If the registered office and registered agent are identical, mark "X" in the box provided in Section 12 or Section 13 of this form.

SIGNATURE: Joseph Kandel 11/4/96 904/649-9833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR