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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059989

1. Corporation Name

PAIN MEDICINE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1921 Waldemere Suite 313 Sarasota, FL 34239	6904 Stetson St. CR Sarasota, FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08-15-94

2. Principal Place of Business	2a. Mailing Address
21 1921 Waldemere	26 1921 Waldemere
Suite, Apt. #, etc. 22 Suite 313	Suite, Apt. #, etc. 27 Suite 313
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip / Country 24 34239 / 25 USA	Zip / Country 29 34239 / 30 USA

4. FEI Number: 65-0511549 ☐ 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 owes the current year intangible Personal Property Tax. Yes / No

9. Name and Address of Current Registered Agent

Ted C. French
1750 Ringling Blvd.
Sarasota, FL 34236

10. Name and Address of New Registered Agent

81 Name: Lynn Fassy
82 Street Address (P.O. Box Number is Not Acceptable): 1921 Waldemere
83: Suite 313
84 City: Sarasota FL 85 Zip Code: 34239

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: Lynn Fassy, M.D. 6/24/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	DELETE	1.1 TITLE	Change / Addition
NAME	Lynn Fassy, M.D.		1.2 NAME	
STREET ADDRESS	1921 Waldemere, Suite 313		1.3 STREET ADDRESS	
CITY - ST - ZIP	Sarasota, FL 34239		1.4 CITY - ST - ZIP	
TITLE		DELETE	2.1 TITLE	Change / Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	Change / Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change / Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change / Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change / Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Lynn Fassy, M.D., Pres. 6/24/99 941-917-8545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1