

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

**CORPORATION
ANNUAL REPORT-
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:55

DOCUMENT # P94000079279 (3)

1. Corporation Name

CENTRAL FLORIDA PAIN AND STRESS CENTER, INC.

Principal Place of Business

**2684 VAUGHN CT.
DELTONA FL 32725**

Mailing Address

**2684 VAUGHN CT.
DELTONA FL 32725**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

4. FET Number

59-3276643

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROOKS, MARY C
2684 VAUGHN CT.
DELTONA FL 32725**

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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Mary C. Brooks

NOT: Registered Agent Signature required when appointing

1/20/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 D
NAME BROOKS, FRANCIS W
STREET ADDRESS 2684 VAUGHN CT.
CITY, ST, ZIP DELTONA FL 32725

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

11 NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

11 NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

11 NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

11 NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and that I am not qualified for the complaint stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included in 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 resident or resident employee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11, or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Mary Carol Brooks **MARY C. BROOKS**

1/20/95 (904) 789-0548