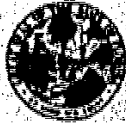


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 JUL 11 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082676 (5)

1. Corporation Name

THE PAIN CENTER OF BROWARD COUNTY, INC.

Principal Place of Business

2444 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address

2444 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

65-0532614

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

24

Country

25

29

Country

30

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL, CHART
D/B/A AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Samuel Gunderman
82 Street Address (P.O. Box Number is Not Acceptable)
2444 N. University Drive
83
84 City Pembroke Pines FL 85 Zip Code 33024

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

Samuel Gunderman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

7/6/95
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GUNDERMAN, SAMUEL
STREET ADDRESS 2444 N. UNIVERSITY DRIVE
CITY - ST - ZIP PEMBROKE PINES FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Ned Galband Change Addition
1.2 NAME
1.3 STREET ADDRESS 2444 N. University Dr.
1.4 CITY - ST - ZIP Pembroke Pines, FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE D
2.2 NAME Jerrold Heller Change Addition
2.3 STREET ADDRESS 2444 N. University Dr.
2.4 CITY - ST - ZIP Pembroke Pines, FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE D
3.2 NAME Ira Burstein Change Addition
3.3 STREET ADDRESS 2444 N. University Dr.
3.4 CITY - ST - ZIP Pembroke Pines, FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE

Samuel Gunderman SAMUEL GUNDERMAN 7/6/95 (305) 436-8040
Signature and typed or printed name of signing officer or director Date Telephone #