

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 # P94000088681 (9)

1. Corporation Name

PAIN MANAGEMENT CENTER OF TAMPA, INC.

FILED

93 JAN 29 PM 2:00



Principal Place of Business

Mailing Address

2700 COLORADO AVE.  
SUITE 200  
SANTA MONICA CA 90404  
US

2700 COLORADO AVE.  
SUITE 200  
SANTA MONICA CA 90404  
US

3. Date Incorporated or Qualified  
12/07/1994

3a. Date of Last Report  
04/12/1995

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

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g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

81 Name  
C T Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road  
83  
84 City  
Plantation FL 85 Zip Code  
33324

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: By: *[Signature]* M. Fitzpatrick, Asst. Secretary 1-25-96

Signature, typed name and title of registered agent and agent by check

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DSVP	BROWN, SCOTT M.	2700 COLORADO AVE.	SANTA MONICA CA	<input type="checkbox"/>
P	FOCHT, MICHAEL H.	2700 COLORADO AVE.	SANTA MONICA CA	<input type="checkbox"/>
EVP	MACKAY, THOMAS B.	2700 COLORADO AVE.	SANTA MONICA CA	<input type="checkbox"/>
VPT	MCMULLEN, TERENCE P.	2700 COLORADO AVE.	SANTA MONICA CA	<input type="checkbox"/>
EVP	SMITH, W. RANDOLPH	14001 DALLAS PARKWAY, STE. 200	DALLAS TX	<input type="checkbox"/>
VPAS	SABATINO, THOMAS J.	14001 DALLAS PARKWAY, STE. 200	DALLAS TX	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
Secretary																							

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)(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)