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May 05 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000018857 (9)

1. Corporation Name
**PAIN MANAGEMENT-INSTITUTE-ING.
AND WELLNESS CENTER INC.**



Principal Place of Business
**6969 MIRAMAR PARKWAY, SUITE 2
MIRAMAR FL 33023**

Mailing Address
**6969 MIRAMAR PARKWAY, SUITE 2
MIRAMAR FL 33023-6037**

3. Date Incorporated or Qualified
03/08/1995

3a. Date of Last Report
09/19/1996

2. Principal Place of Business
10446 TAFT STREET

2a. Mailing Address
10446 TAFT STREET

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL.

City & State
PEMBROKE PINES, FL.

Zip
33026

Country
BROWARD

Zip
33026

Country
BROWARD

4. FEI Number
65-0564164

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

9. Name and Address of Current Registered Agent
**DINOFER, JEFFREY S
2560 N.E. 209 TERRACE
NORTH MIAMI FL 33180**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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

SIGNATURE
Signature, typed or printed name of registered agent and fee if applicable (NOTE - Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
<input type="checkbox"/> DELETE	DINOFER, JEFFREY S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	6969 MIRAMAR PARKWAY, SUITE 2	1.2 NAME	
	MIRAMAR FL 33023	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	DINOFER, MURRAY	2.1 TITLE	
	6969 MIRAMAR PARKWAY, SUITE 2	2.2 NAME	
	MIRAMAR FL 33023	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE
JEFFREY S. DINOFER

CR2E034 (9/96)