

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000068163 (1)

1. Corporation Name

ADVANCED PAIN CENTER, INC.



Principal Place of Business

Mailing Address

% TERESITA PADILLA
351 NW LE JEUNE RD., STE. 302
MIAMI FL 33126

% TERESITA PADILLA
351 NW LE JEUNE RD., STE. 302
MIAMI FL 33126

3. Date Incorporated or Qualified
08/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4950 SW. 8 St.

26 4950 SW. 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 401

27 401

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip Country

Zip Country

24 33134 25 U.S.A.

29 33134 30 U.S.A.

4. FEI Number

65 0610588

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

10. Name and Address of New Registered Agent

PADILLA, TERESITA
351 NW LE JEUNE RD., STE. 302
MIAMI FL 33126

81 Name Padilla, Teresita

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

4950 SW. 8 St.

83 Ste. 401

84 City Coral Gables

FL

85 Zip Code 33134

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME PADILLA, TERESITA
STREET ADDRESS 351 NW LE JEUNE RD., STE. 302
CITY-ST-ZIP MIAMI FL 33126

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

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CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS 4950 SW. 8 St. Ste. 401

1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Padilla Teresita Padilla

6/13/96

(305) 444-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day and Phone #

CR2E034 (3/96)