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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000081515 (5)

1. Corporation Name
SOUTH FORT MYERS CLINICS FOR PAIN, INC.

Principal Place of Business	Mailing Address
15250 US 41, REGAL PLAZA, SUITE A FT. MYERS FL 33908	15250 US 41, REGAL PLAZA, SUITE A FT. MYERS FL 33908

S Tamiami Trl

2. Principal Place of Business 21 16050 ~~US 41~~ S Tamiami Trl Suite, Apt. #, etc. 22 109 City & State 23 Ft Myers, Fl Zip 24 33908 Country 25 USA	2a. Mailing Address 26 P.O. Box 4097 Suite, Apt. #, etc. 27 City & State 28 Ft Myers Bch, Fl Zip 29 33932 Country 30 USA

3. Date Incorporated or Qualified: 10/20/1995	3a. Date of Last Report: 10/11/1996
4. FEI Number: 65-0617753	☐ 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
SLAVENS, DAVID R D.C. 15250 US 41, REGAL PLAZA, SUITE A FT. MYERS FL 33908	81 Name: Slavens, Marjorie 82 Street Address (P.O. Box Number is Not Acceptable): 16050 S. Tamiami Trl 83 Ste 109 84 City: Ft Myers, FL 85 Zip Code: 33908

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: David R. Slavens D.C Marjorie Slavens 6-16-97 4-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLAVENS, DAVID R D.C. P.O. Box 4097 33932 ~~15250 US 41, REGAL PLAZA, SUITE A~~ FT. MYERS FL 33908 Ft Myers Bch, Fl ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Slavens, Marjorie ~~P.O. Box 4097~~ Ft Myers Bch, Fl 33932 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Slavens, Marjorie P.O. Box 4097 Ft Myers Bch, Fl 33932 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Slavens, David R D.C P.O. Box 4097 Ft Myers Bch, Fl 33932 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Slavens, Marjorie P.O. Box 4097 Ft. Myers Bch, Fl 33932 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	16050 S. Tamiami Trl ~~Ste~~ 109 Ft Myers, Fl 33908 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	16050 S. Tamiami Trl ~~Ste~~ 109 Ft Myers, Fl 33908 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800002218628 -06/20/97--01061--032 ***165.00 ☐ Change ☐ Addition

6/19/97

COE034 (9/96)

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.

941/432-9909

SIGNATURE: ~~DAVID R. SLAVENS~~ Slavens D.C 4-28-97