

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000092480 (9)

1. Corporation Name

PAIN THERAPY CLINIC, INC.

FILED
Apr 17 1997 8:00am
Secretary of State



| | |
|---|--|
| Principal Place of Business 4406 SOUTH FLORIDA AVENUE SUITE 16 LAKELAND FL 33813 US | Mailing Address 4406 SOUTH FLORIDA AVENUE SUITE 16 LAKELAND FL 33813-2182 US |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State 23 | 27 City & State |
| 24 Zip 25 Country | 28 Zip 29 Country |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 11/29/1995 | 3a. Date of Last Report 04/19/1996 |
| 4. FEI Number 59-3363548 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

MORRISON, JOSEPH A
4406 S FLA AVE STE 3
LAKELAND FL 33813
33803

| | | |
|--|----|----------|
| 81 Name | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 City | 84 | Zip Code |
| FL | 85 | |

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 title if applicable)

DATE

| | | |
|---------------------------------------|---------------------------------|--|
| 12. OFFICERS AND DIRECTORS | <input type="checkbox"/> DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME STREET ADDRESS CITY-ST-ZIP | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (941)648-0099
Dial Tone Phone #
0306780

CR2E034 (9/96)