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Mar 03 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 # P96000010651 (3)

1. Corporation Name

SARASOTA PAIN MANAGEMENT CENTER, P.A.



Principal Place of Business
1261 SOUTH TAMiami TRAIL
SARASOTA FL 34239

Mailing Address
1261 SOUTH TAMiami TRAIL
SARASOTA FL 34239-2221

3. Date Incorporated or Qualified
02/02/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0672915

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

SHEA, JOHN
2940 SOUTH TAMiami TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

SHEA, JOHN

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

630 SOUTH ORANGE

83

84 City

SARASOTA

FL

85 Zip Code

34236

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME ~~MALLOY, WILLIAM~~
STREET ADDRESS ~~1917 00 LAKESHORE DR.~~
CITY - ST - ZIP ~~SARASOTA FL 34229~~

TITLE ☐ DELETE
NAME MINDLIN, LEONARD
STREET ADDRESS 4073 SHELL RD.
CITY - ST - ZIP SARASOTA FL 34242

TITLE ☐ DELETE
NAME NIPPERT, R H
STREET ADDRESS 1520 BLUE HERON RD.
CITY - ST - ZIP SARASOTA FL 34239

TITLE ☐ DELETE
NAME NUTTER, THOMAS
STREET ADDRESS 1326 QUAIL DR.
CITY - ST - ZIP SARASOTA FL 34231

TITLE ☐ DELETE
NAME SALINAS, RAFAEL
STREET ADDRESS 5880 TIDEWOOD
CITY - ST - ZIP SARASOTA FL 34231

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☒ Addition
1.2 NAME DRAPER, JOSEPH
1.3 STREET ADDRESS 832 FREELING DR
1.4 CITY - ST - ZIP SARASOTA FL

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE P ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE D/S ☒ Change ☐ Addition
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

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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. HAROLD NIPPERT, MD 2-24-97 941-344-2360

Date

Daytime Phone #

CR2E034 (9/96)