

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

FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000041777 (9)**

1. Corporation Name  
**PHYSICIANS INJURY & WELLNESS CENTER, INC.**



Principal Place of Business <b>6115 STATE ROAD 54, SUITE 100 NEW PORT RICHEY FL 34653</b>	Mailing Address <b>6115 STATE ROAD 54, SUITE 100 NEW PORT RICHEY FL 34653-6035</b>
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3. Date Incorporated or Qualified <b>05/15/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>5211 US Hwy 19 N</b> Suite, Apt. #, etc. 22 <b>Suite 200</b> City & State 23 <b>New Port Richey, FL</b> Zip 24 <b>34652</b>	2a. Mailing Address 25 <b>5211 US Hwy 19 N</b> Suite, Apt. #, etc. 26 <b>Suite 200</b> City & State 27 <b>New Port Richey, FL</b> Zip 28 <b>34652</b>
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4. FEI Number <b>59-3385000</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**FISHER, JOHN H II  
324 SOUTH HYDE PARK AVE  
SUITE 375  
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name <b>RICHARD BROWN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>300 PAV. PLAZA</b>
83
84 City <b>TREASURE ISLAND</b>
85 Zip Code <b>FL 33706</b>

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, 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/8/97**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BEILAN, MICHAEL H 6115 STATE ROAD 54, SUITE 100 NEW PORT RICHEY FL 34653</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>VP Steven Brand 5211 US Hwy 19 N St. 200 New Port Richey, FL 34652</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<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"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<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"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an attachment with an address.

SIGNATURE: *[Signature]* **Steven Brand** **4/11/97 (813) 842-3111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)