1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600042580

1. Corporation Name

THE PAIN RELIEF CENTRE, INC.

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90072 027 \*\*\*150.00



Principal Plac	o of Rusinass	Mailing Address								
Principal Place of Business		•	· ·							
208 S. PARK CIRCLE EAST   ST AUGUSTINE FL 32086			208 S. PARK CIRCLE EAST ST AUGUSTINE FL 32086							
31 AUGUSTINE PE SZUGO ST AUGU		ST MUDUSTINE PL	COOGNINE FL SEGOO			ро	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated of			}	
						05/20/1996				
2. Principal P	lace of Business	2a. Mailing Addre	ess			4. FEI Number	<del>_</del>	Apr	plied For	
21		26				59-3379405		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				D	\$8.75 A	dditional	
22		27				5. Certificate of Status	Desired	Fee Re	quired	
City & Stat	le	City & State				6: Election Campaign	Financing	\$5.00	May Be	
23		28				Trust Fund Contribu	tion	Added to	Fees	
Zip	Country	Zip		ountry		8. This corporation ow	es the current ye		_	
24	25	29	30		_	Personal Property T	ах.	☐ Yes'	□No	
	g. Name and Address of Cui	rrent Registered Agent				10. Name and Address	s of New Registe	ered Agent		
SIAN	DONALD O			81	Name	•			ļ	
	, RONALD G			82	Street A	Address (P.O. Box Number is N	lot Acceptable)	<del>_</del>		
208 S. PARK CIRCLE EAST										
SIA	AUGUSTINE FL 32086			83					1	
{				84	City	<del></del>		85 Zip C	- de	
i					A.			FL   "   "   "   "   "		
						and the second second second	ant for the nume	se of changing its	registered	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florid	la Statutes, the	above	name c	corporation submits this statem	ent for the balbo		, 9,0,0	
office or n	registered agent, or both, in the St	ate of Florida. Such chang	te was authoriz	ed by t	nameli c	corporation submits this statem paron's board of directors. I he	reby accept the a	appointment as reg	istered	
office or n agent. I a	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such chang	te was authoriz	ed by t	named o	corporation submits this statem region's board of directors. I he	reby accept the a	appointment as reg	pistered	
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14. I 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, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR