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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000045504**

SUN HEALTH PAIN CARE CENTER, INC.

Principal Place	e of Business	Mailing Address			T TOO FLOOR HAN ANAME WITH DOUGH EN			
7301 N. UNIVERSITY DRIVE 7301 N. UNIVERSITY DRIVE SUITE 103 SUITE 103 TAMARAC FL 33321 TAMARAC FL 33321				DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qualifed 05/29/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			65-0682839	·		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	e	City & State			6. Election Campaign Financing	\Box		May Be
23		28	0		Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	rent year Int	angible □ Yes	□No
24	9. Name and Address of Current	29 30	"		Personal Property Tax. 10. Name and Address of New F	Registered		
	5. Name and Address of Current	registered Agent	81	Name	10. Hamb and Addition of from t	togiotoroa	, .g	
SUN	I, LIE L	· •						
	N. UNIVERSITY DRIVE	*	82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		Ì
SUIT	E 103		83		Park to the second seco	1.13.14		CHEEL SE
TAM	ARAC FL 33321							1511 121 121
			84	City		FL	7 85 Zip	Côde
			the above	<u> </u>	et	numnee of	changing its	registered
office or n	egistered agent, or both, in the State of	^r Florida. Such change was auth	orized by	the corporation	oration submits this statement for the in's board of directors. I hereby accept	pt the appoi	ntment as re	gistered
office or n	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	^r Florida. Such change was auth	orized by	the corporation	oration submits this statement for the in's board of directors. I hereby accep	pt the appoi	ntment as re	gistered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90022 045 ***150.00