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Mar 20 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 # P96000050001 (2)

1. Corporation Name
PAIN RESOURCE CENTER, INC.



Principal Place of Business

5995 S.W. 71ST STREET
SUITE B
MIAMI FL 33143

Mailing Address

5995 S.W. 71ST STREET
SUITE B
MIAMI FL 33143-3531

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
06/11/1996

3a. Date of Last Report

4. FEI Number

65-0677538

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

10. Name and Address of New Registered Agent

~~BOREN, BARRY M ESQ
9200 SO. DADELANBD BLVD.
SUITE 412
MIAMI FL 33156~~

MARITZA JACOBSON
5995 SW 71 ST
3rd Floor
Miami, FL 33143

81 Name

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

83

84 City

FL

85 Zip Code

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when resigning)

3/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME BOREN, BARRY M ESQ.
1.3 STREET ADDRESS 9200 SO. DADELANBD BLVD., SUITE 412
1.4 CITY-ST-ZIP MIAMI FL 33156 ☒ DELETE

2.1 TITLE ☐ DELETE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

1.1 TITLE D- Robert Jacobson, M.D. ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 5995 SW 71 Street
1.4 CITY-ST-ZIP Miami, FL 33143

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME RIVARO J. Jerez, M.D.
2.3 STREET ADDRESS 5995 SW 71 Street
2.4 CITY-ST-ZIP Miami, FL 33143

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-97 (305) 661-2600

0199370

CR2E034 (9/96)