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Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065047 (8) *AMENDED*

1. Corporation Name

UNIVERSAL PAIN TECHNOLOGY, INC.

Principal Place of Business:
250 INTERNATIONAL PKY
SUITE 200
HEATHROW, FL 32746

Mailing Address:
250 INTERNATIONAL PKY
SUITE 200
HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ~~08/02/1996~~

4. FEI Number: 59-3398069 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt #, etc 27
City & State 28
Zip 29 Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FAULK, CYNTHIA
250 INTERNATIONAL PARKWAY
SUITE 200
HEATHROW, FL 32746

10. Name and Address of New Registered Agent

81 Name: ~~JIM GIBSON~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~250 INTERNATIONAL PARKWAY~~
83 SUITE 200
84 City: HEATHROW FL 85 Zip Code: 32746

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 ________ 05/27/98
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	DIRECTOR ☐ DELETE
NAME	FRANKUM, JOHN
STREET ADDRESS	250 INTERNATIONAL PKY #200
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	S ☒ DELETE
NAME	FAULK, CYNTHIA
STREET ADDRESS	250 INTERNATIONAL PKY. #200
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D,P,C,CEO	☒ Change ☐ Addition
1.2 NAME	FRANKUM, JOHN	
1.3 STREET ADDRESS	250 INTERNATIONAL PKY #200	
1.4 CITY-ST-ZIP	HEATHROW, FL 32746	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/COO,S,T,D	☐ Change ☒ Addition
3.2 NAME	GIBSON, JIM	
3.3 STREET ADDRESS	250 INTERNATIONAL PKY #200	
3.4 CITY-ST-ZIP	HEATHROW, FL 32746	
4.1 TITLE	V,D	☐ Change ☒ Addition
4.2 NAME	WILLIAMS, DAVID	
4.3 STREET ADDRESS	250 INTERNATIONAL PKY #200	
4.4 CITY-ST-ZIP	HEATHROW, FL 32746	
5.1 TITLE	V,SALES DIRECTOR,D	☐ Change ☒ Addition
5.2 NAME	EXARHOS, NICK	
5.3 STREET ADDRESS	250 INTERNATIONAL PKY, #200	
5.4 CITY-ST-ZIP	HEATHROW, FL 32746	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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CR2E034 (10/97)

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.

SIGNATURE: ________ 5/27/98 407 829 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #