

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90033 002 \*\*\*150.00

DOCUMENT # P96000065047

1. Corporation Name

UNIVERSAL PAIN TECHNOLOGY, INC.

Principal Place of Business

250 INTERNATIONAL PARKWAY, SUITE 200  
HEATHROW FL 32746

Mailing Address

250 INTERNATIONAL PARKWAY, 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

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 One South Orange Ave

Suite, Apt. #, etc.

22 Suite 500

City & State

23 Orlando, FL

Zip

24 32801

Country

2a. Mailing Address

26 One South Orange Ave

Suite, Apt. #, etc.

27 Suite 500

City & State

28 Orlando, FL

Zip

29 32801

Country

30

9. Name and Address of Current Registered Agent

GIBSON, JIM

250 INTERNATIONAL PARKWAY, SUITE 200  
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name

Gibson, Jim

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

One South Orange Ave

83

Suite 500

84 City

Orlando

FL

85 Zip Code

32801

11. Pursuant to the provisions of Sections 607.0502 and 607.4508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE DPCO ☐ DELETE

NAME FRANKUM, JOHN

STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 200  
CITY-ST-ZIP HEATHROW FL 32746

TITLE VSTD ☐ DELETE

NAME GIBSON, JIM

STREET ADDRESS 250 INTERNATIONAL PARKWAY SUITE 200  
CITY-ST-ZIP HEATHROW FL

TITLE VD ☐ DELETE

NAME WILLIAMS, DAVID

STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 200  
CITY-ST-ZIP HEATHROW FL 32746

TITLE VSD ☐ DELETE

NAME EXHAROS, NICK

STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 200  
CITY-ST-ZIP HEATHROW FL 32746

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P,D,S,T ☒ Change ☐ Addition

2.2 NAME Gibson, Jim

2.3 STREET ADDRESS One S. Orange Ave Suite 500  
2.4 CITY-ST-ZIP Orlando, FL 32801

3.1 TITLE V,D ☒ Change ☐ Addition

3.2 NAME Williams, David

3.3 STREET ADDRESS One S. Orange Ave Suite 500  
3.4 CITY-ST-ZIP Orlando, FL 32802

4.1 TITLE V ☒ Change ☐ Addition

4.2 NAME Exharos, Nick

4.3 STREET ADDRESS One S. Orange Ave Suite 500  
4.4 CITY-ST-ZIP Orlando, FL 32801

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Becerra, Carlos

5.3 STREET ADDRESS One South Orange Ave Suite 500  
5.4 CITY-ST-ZIP Orlando, FL 32801

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

CR2E034 (11/98)