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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

97 OCT 17 PH 12: 51

SECRETION OF STATE TALLAHASSIE, FLORIDA

FILED



DOCUMENT # P96000095423 (5)

CENTER FOR PAIN MANAGEMENT AND CLINICAL SPORTS M ASSAGE, INC.

Principal Place of Business

8649 N. HIMES AVENUE #422 TAMPA FL 33614 Mailing Address

8649 N. HIMES AVENUE #422 TAMPA FL 33614-8361

			11/18/1996	I						
	Place of Business	#13/8	2a. Mailing Address		47318*	4. FEI Number	7-9	Ar	plied For	
21 KG Y	9 N. Home	13 Av=# 12	o 8649	$\mathcal{M} \cup \mathcal{H}$	inost	TT 59-339999	1/.	No	ot Applicable	
Suite, Apt.	npA F	1. 2	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stat	te .	• • • • • • • • • • • • • • • • • • • •	City & State			6. Election Campaign Financing		\$5.00	May Ro	
23		2	3 TAMPI	7, 5-1	-	Trust Fund Contribution		Added t	•	
336	Count	Usbarruch 2	33614	30 H-	11/5 burou	8. This corporation has liability fo			. 199.032,	
	9. Name and Addr	ress of Current Re	gistered Agent			10. Name and Address of New R	egistere	d Agent		
WAS	SLASKI, JAMES E				81 Name	Same		-		
ODAN ALLINATE AVENUE 4400 13/2										
						Street Address (P.O. Box Number is Not Acceptable)				
1 (3)(4)	11 K 1 E 000 F1			•	83					
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					84 City		FI	85 Zip (	Code	
44 D	to the provinces of Co.	otions COT OFOR any	LCO7 1500 Florida Ou	the other of		corporation submits this statement for the				
office or r	registered agent, or bo am familiar with, and ac	th, in the State of FI	orida. Such change wi	as authorized	by the corp	corporation's board of directors. Thereby accor-	ept the ap	opointment as	registered	
SIGNATURE	Signature, typed or printed nar				Agent signature	required when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF					
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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, or on an attachment with an address.

R2E034 (9/96)

(g)

## Pain Management & Clinical Sports Massage Inc.

James Waslaski Program Director 8649 N. Himes Suite #422 Tampa Fl. 33614

> Telephone (813) 932-8165 Fax (813) 932-8165

Dear Division of Corporations,

During a recent phone call to a member of your staff, I informed them that I had sent a check for the amount of \$165.00 for my corporate filing fee on April 15, 1997. Upon recieving another renewal notice I found a copy of my ledger for haven written the check, but cannot find the actual cashed check. This has apparently been lost in the mail. My accountant can attest to the filing that occured on April 15, because it occured in conjunction with doing my taxes. Your staff person told me to send another check and the late fee would not be assessed. Thank you for your understanding in this matter. Please call me if there are any additional questions.

Sincerely,

Corporation President/ Program Director

This is per our share Conversation. James Waslasker, 10-10-97.