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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600

P96000095423 (5)

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

FILED Jan 30 1998 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Place	e of Business	Mailing Address			T (MOTION) THE HEITH BEITH BEST ORSIS EDITS ROTTE	Main Billia Briblia III	
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TAMPA FL 33614 B3	WA:	SLASKI, JAMES E		81	Name			
Ba	864	9 N. HIMES AVENUE #131	18	82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
Beautiful Colors Beautiful C	TAN	MPA FL 33614		-	ļ			
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 agent, or both, in the State of Fronda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, ammitted agent, ammitted with an accept the obligations of Seption 607 Respiced Agent supplied with a statement for the purpose of changing its registered agent. I maintain ammitted agent to the corporation's board of directors. I hereby accept the appointment as registered agent. I maintain agent agent to provide agent				83				
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 positive depicts of your both in the State of Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, an ammiliar with, name decent the orbinous or positive for orbin and accept the orbinous orbins of the State of Horida Statutes. IMOTE Registered Agent segulative registered where registered where registered where registered where registered agent are stated agent as a state of the purpose of t				84	City		85 Zip	Code
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Splanure, lyoed or privated rample carbon from the ord registrative RNOTE Registered Agent Signature required where resistating)	agent. / ar	m amiliar with, and accept the	obligations of Section 607.4505 Flor	ida Statute	s.			Š
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