

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

0166868

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90155 028 ***300.00

DOCUMENT # P97000014634

1. Corporation Name
PAIN SOLUTIONS HEALTH SYSTEMS, INC.

Principal Place of Business
150 S.W. 12TH AVENUE
2ND FLOOR
POMPANO BEACH FL 33069

Mailing Address

150 S.W. 12TH AVENUE
2ND FLOOR
POMPANO BEACH FL 33069

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Zip

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

2a. Mailing Address

27

28

29

30

9. Name and Address of Current Registered Agent

JASON UNGER
150 SW 12TH AVE #201
POMPANO BCH FL 33069

81 Name

JASON UNGER

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

215 South Monroe Street

83 # 705-A

84 City

Tallahassee

85 Zip Code

FL 32301

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

Jason

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

(NOTE: Registered Agent signature required when reinstating)

3-10-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BEEBE		1.2 NAME
STREET ADDRESS	150 S ANDREWS AVE #200		1.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BCH FL 33069		1.4 CITY-ST-ZIP
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART BERNSTEIN		2.2 NAME
STREET ADDRESS	150 S ANDREWS AVE #200		2.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BCH FL 33069		2.4 CITY-ST-ZIP
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBEN PARADELA		3.2 NAME
STREET ADDRESS	150 S ANDREWS AVE #200		3.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BCH FL 33069		3.4. CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT BERNSTEIN		4.2 NAME
STREET ADDRESS	150 S ANDREWS AVE #200		4.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BCH FL 33069		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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:

SIG **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

954-781-4500
Daytime Phone #

CR2E034 (11/98)