

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

**FILED**  
**Jan 30 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 # P97000024197 (0)**  
 1. Corporation Name  
**HIALEAH ADVANCED PAIN CENTER, INC.**



Principal Place of Business: **3052 N.W. 15TH STREET MIAMI FL 33125**  
 Mailing Address: **3052 N.W. 15TH STREET MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1480 W 68TH ST. Suite # 101 HIALEAH FL 33014 U.S.A**  
 2a. Mailing Address: **1480 W. 68TH ST. Suite # 101 HIALEAH, FL 33014 U.S.A**  
 3. Date Incorporated or Qualified: **03/18/1997**  
 4. FEI Number: **65-0735303**  
 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: **RAMIREZ, JEANNINE 3052 N.W. 15TH STREET MIAMI FL 33125**  
 10. Name and Address of New Registered Agent:  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D TASIS, MARTIN</b>	1.2 NAME	<b>PRESIDENT/DIRECTOR</b>
STREET ADDRESS	<b>3052 N.W. 15TH STREET</b>	1.3 STREET ADDRESS	<b>JESUS RAMIREZ</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	1.4 CITY-ST-ZIP	<b>1480 W. 68TH ST. STE. #101</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>HIALEAH, FL. 33014 S.S.# 592-680040</b>
NAME		2.2 NAME	<b>SECRETARY/Treas.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>JEANNINE RAMIREZ</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>1480 W 68TH ST. STE. #101</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>HIALEAH, FL. 33014 S.S.# 592-22-2372</b>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 officer 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 \_\_\_\_\_ DATE **1/22/98 (205) 222-4111**

CR2E034 (10/97)