## 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

## DOCUMENT # P97000024197

HIALEAH ADVANCED PAIN CENTER, INC.

Principal Place	of Business	Mailing Address			•					
1480 W 68TH ST #101			1480 W 68TH ST #101							
HIALEAH FL 33014			HIALEAH FL 33014			DO NOT WRITE IN THIS SPACE				
US		US	US			3. Date Incorporated or Qualifed				
•							3/18/1997			]
2 Principal DI	lace of Business	2a. Mailing Address					El Number		Ar	plied For
_	EGG OF DESTROOP	26				6	5-0735303		No	t Applicable
Suite, Apt. 1	#. etc.	Suite, Apt. #, etc				-	Certificate of Status Desire	d 🗆		Additional
22	<i>n</i> , <b>v.</b>	27				5. 0	Leniicate of Status Desire	<u> </u>	Fee Re	equired
City & State	e	City & State				6. E	lection Campaign Financi	ng 🖂	7	May Be
23		28					rust Fund Contribution			to Fees
Zip	Country	Zip		country			his corporation owes the	current year I	ntangible ☑ Yes	□No
24	25	29	30				Personal Property Tax.	nu Pogistoro		
	9. Name and Address of Cu	urrent Registered Agent		81	Nome	10. N	Name and Address of Ne	w Kegistere	u Agent	
DALA	NDC7 ICANNING			61	Name					
RAMIREZ, JEANNINE 3052 N.W. 15TH STREET				82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)				
	VI FL 33125			83				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*	10 10 10
MIAN	VII FL 33123			03					i da i da	1111
				84	City			F	85 Zip	Code
		. <u> </u>					cubmite this statement for	the purpose	of changing its	registered
		1 007 4500 EL 14-1	24-4-4 Ab		named com					
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida State of Florida. Such change	Statutes, the was authoriz	e above- zed by ti	named corp he corporation	ion's boa	rd of directors. I hereby a	ccept the app	ointment as re	egistered
11. Pursuant office or reagent. I a	to the provisions of Sections 607 registered agent, or both, in the 5 m familiar with, and accept the company of the company o	7.0502 and 607.1508, Florida State of Florida. Such change obligations of, Section 607.050	Statutes, the was authoriz 5, Florida St	e above- zed by ti tatutes.	-named corp he corporation	ion's boa	rd of directors. I hereby a	ccept the app	ointment as re	egistered
agent. I a	registered agent, or both, in the comments and familiar with, and accept the o	obligations of, Section 607.050	5, Florida St	tatutes.				ccept the app	ointment as re	egistered
agent. I a	egistered agent, or both, in the committee agent, or both, and accept the committee agent, and accept the c	obligations of, Section 607.050	5, Florida St	tatutes.	named corp he corporation	red when rein	nstating)	DATE		
signature  12.	egistered agent, or both, in the common familiar with, and accept the common strength of the s	obligations of, Section 607.050	5, Florida St (NOTE: Registe	tatutes.		red when rein		DATE		
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office or ragent. I a SIGNATURE  12.  TITLE NAME	egistered agent, or both, in the communication familiar with, and accept the communication of registers.  Signature, typed or printed name of registers.  OFFICER  PD  JESUS RAMIREZ	bbligations of, Section 607.050 ed agent and title if applicable. SAND DIRECTORS	5, Florida St (NOTE: Registe 1: TE 1.1	tatutes. ered Agent 13. 1 TITLE 2 NAME	signature require	red when rein	nstating)	DATE	AND DIRECT	ORS IN 12
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14. 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 seceiver 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, open ar attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90061 044 \*\*\*150.00