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

Mailing Address

4800 LINTON BLVD. BUILDING B

DELRAY BEACH FL 33445

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

01-23-1999 90063 015 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000036882**1. Corporation Name

Principal Place of Business 4800 LINTON BLVD.

BUILDING B

STREET ADDRESS

SIGNATURE:

PAINCARE GROUP, INC.

DELRAY BEACH FL 33445			DELRAY BEACH FL 33445					3. Date incorporated or Qualifed				
							[:					
									04/24/1997			
2. Principal Pl	ace of Business		2a. Mailing Addr	ess			1		FEI Number			Applied For
21			26					(<u>65-0747059</u>			Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.					5 (Certifcate of Status Desired		T	Additional	
		27					J . (Sertificate of States Besired		Fee	Required	
City & State					6. E	Election Campaign Financing		* \$5.0	0 Мау Ве			
23								1	Trust Fund Contribution	Ц	Adde	d to Fees
Zip Country Zip					Country			8. 1	This corporation owes the curre	ent year Inta	angible	
24	25	,	29	30				F	Personal Property Tax.		Yes	MNo
441		Idress of Current R					1	0. 1	Name and Address of New R	egistered A	Agent	
	, ,	3 4			81	Nam	е					
BERG	GER, SCOTT A M	.D.			82							
4800					et Address	dress (P.O. Box Number is Not Acceptable)						
BUILDING B										1 1		
	RAY BEACH FL 3	2445			83					4.5		型 100 英雄 100 mg
UCLI	MI DEMOINTE S				84	City				FL	85 Zij	p Code
11 Divrement	to the provisions of :	Sections 607 0502 a	nd 607 1508. Flori	ida Statutes, th	e above	-name	d corporati	tion	submits this statement for the	nurnose of	changing i	its registered
office or re	egistered agent, or t	ooth, in the State of F	lorida. Such chan	ide was authori	ized by	the co	rporation's	boa	ard of directors. I hereby accep	t the appoir	ntment as	registered
agent. I a	m familiar with, and	accept the obligation	s of, Section 607.	0505, Florida S	statutes							
SIGNATURE				WOTE O			e required whe			DATE		
	Signature, typed or printed	name of registered agent an OFFICERS AND I			13.	it signatu	e required whe		DDITIONS/CHANGES TO OF		ID DIRECT	TORS IN 12
12.	<u> </u>	OFFICERS AND I			I.1 TITLE			/ (102/10/11	Change	
TITLE	D	T 4 14 D										
NAME	BERGER, SCOT				.2 NAME							
STREET ADDRESS		LVD., BUILDING B		1	.3 STREET	ADDRES	SS					
CITY-ST-ZIP	DELRAY BEACH	I FL 33445			.4 CITY-S	T-ZIP						- FTT Addision
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NAME				2	2.2 NAME							
STREET ADDRESS				2	3 STREET	ADDRES	ss					
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					3.4. CITY-S		~				•	
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NAME	€			į.	I. 2 NAME							
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NAME -	<i>}</i> ::			6	5.2 NAME		İ					

6.3 STREET ADDRESS

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.