

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040213 (5)

1. Corporation Name
THE CENTER FOR CRITICAL PAIN RELIEF, INC.

FILED
Feb 05 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address
~~PO BOX 388~~ ~~PO BOX 388~~
~~FT LAUDERDALE FL 33302-0388~~ ~~FT LAUDERDALE FL 33302-0388~~

327 SW 2nd Street, #1
FT Lauderdale, FL 33312

327 SW 2nd Street, #1
FT Lauderdale, FL 33312

2. Principal Place of Business 2a. Mailing Address
21 327 SW 2nd Street 26 327 SW 2nd Street

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #1 27 #1

City & State City & State
23 FT Lauderdale, FL 28 FT Lauderdale, FL

Zip Country Zip Country
24 33312 25 USA 29 33312 30 USA

9. Name and Address of Current Registered Agent

HALPRIN, ROBERT
~~2500 E COMMERCIAL BLVD~~ 327 SW 2nd Street
~~FT LAUDERDALE FL 33308~~ #1
FT Lauderdale, FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/17/1997

4. FEI Number Applied For
65-0766180 Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HALPRIN, ROBERT
STREET ADDRESS PO BOX 388 N/A
CITY-ST-ZIP FT LAUDERDALE FL 33302-0388

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 327 SW 2nd Street, #1
1.4 CITY-ST-ZIP FT Lauderdale, FL 33312

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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.

SIGNATURE: SIGNATURE REQUIRED

CR2E034 (10/97)