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Jun 04 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 # P97000041193 (8) *AMENDED*

1. Corporation Name

UNIVERSAL PAIN CLINICS, INC.

Principal Place of Business	Mailing Address
250 INTERNATIONAL PARKWAY SUITE 200 HEATHROW,FL 32746	250 INTERNATIONAL PKY SUITE 200 HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 05/05/97

4. FEI Number ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

FAULK, CYNTHIA
250 INTERNATIONAL PARKWAY
SUITE 200
HEATHROW, FL 32746

10. Name and Address of New Registered Agent

81 Name: JIM GIBSON
82 Street Address (P.O. Box Number is Not Acceptable): 250 INTERNATIONAL PARKWAY
83 SUITE 200
84 City: HEATHROW FL 85 Zip Code: 32746

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] 05/27/98
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☐ DELETE
NAME	JOHN FRANKUM	
STREET ADDRESS	250 INTERNATIONAL PARKWAY #200	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D,C,CEO	XX Change ☐ Addition
12 NAME	FRANKUM, JOHN	
13 STREET ADDRESS	250 INTERNATIONAL PKY #200	
14 CITY-ST-ZIP	HEATHROW, FL 32746	
21 TITLE	P,S,T,D	☐ Change XX Addition
22 NAME	GIBSON, JIM	
23 STREET ADDRESS	250 INTERNATIONAL PKY #200	
24 CITY-ST-ZIP	HEATHROW, FL 32746	
31 TITLE	D	☐ Change XX Addition
32 NAME	WILLIAMS, DAVID	
33 STREET ADDRESS	250 INTERNATIONAL PKY #200	
34 CITY-ST-ZIP	HEATHROW, FL 32746	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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] John Frankum 5/27/98 407 829 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #