


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 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 # P97000045110 (8)		
1. Corporation Name PHYSICIANS SPINE & WELLNESS CENTER, INC.		



Principal Place of Business 5453 CENTRAL AVE. ST. PETERSBURG FL 33710	Mailing Address 5453 CENTRAL AVE. ST. PETERSBURG FL 33710
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6401 66th St N Suite, Apt. #, etc.		2a. Mailing Address 26 6401 66th St N Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/20/1997	
22		27		4. FEI Number 59-3450014	
23 City & State Pinellas Park FL		28 City & State Pinellas Park FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33781		29 Zip 33781		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SMITH, THOMAS B 150 2ND AVE., N., STE. 1100 ST. PETERSBURG FL 33701				10. Name and Address of New Registered Agent	
				81 Name G.A. Machacek	
				82 Street Address (P.O. Box Number is Not Acceptable) 6401 66th St N	
				83	
				84 City Pinellas Park FL	
				85 Zip 33781	

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 **G.A. MACHACEK DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LATORRE, WILLIAM A		1.2 NAME	
STREET ADDRESS 5453 CENTRAL AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33710		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MCCORD, KERRY M		2.2 NAME	
STREET ADDRESS 5453 CENTRAL AVE.		2.3 STREET ADDRESS 4800 4th St N	
CITY-ST-ZIP ST. PETERSBURG FL 33710		2.4 CITY-ST-ZIP St. Petersburg FL	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MACHACEK, GILBERT A		3.2 NAME	
STREET ADDRESS 5453 CENTRAL AVE.		3.3 STREET ADDRESS 6401 66th St N.	
CITY-ST-ZIP ST. PETERSBURG FL 33710		3.4 CITY-ST-ZIP Pinellas Park, FL 33781	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WILLIAMS, LARRY		4.2 NAME	
STREET ADDRESS 5453 CENTRAL AVE.		4.3 STREET ADDRESS 4703 Central Ave.	
CITY-ST-ZIP ST. PETERSBURG FL 33710		4.4 CITY-ST-ZIP St. Petersburg FL 33713	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SMITH, ELAINE		5.2 NAME	
STREET ADDRESS 5453 CENTRAL AVE.		5.3 STREET ADDRESS 4703 Central Ave.	
CITY-ST-ZIP ST. PETERSBURG FL 33710		5.4 CITY-ST-ZIP St. Petersburg FL 33713	
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 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:

G.A. Machacek

7/23/98

CR2E034 (5/98)