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

POCUMENT # P9700063639 (3)

PAIN CARE CENTER, INC.

FILED Feb 17 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			I IABILDEL IIN IALII IABIL ABIIL ABIIL ABIIL	n datek direk sesia And	. 11/10 1011 1001
	9829 SW 40TH STREET 9829 SW 40TH STREET MIAMI FL 33165 MIAMI FL 33165				DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified		
				ľ	07/23/1997		j
Principal P	Principal Place of Business 19839 JW 40 Street 26 9839 SW				65-0768278		Applied For Not Applicable
Suite, Apt	#, etc.	Surte, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	5 Additional Required
City & Stat	ami fl	City & State 28 MiAmi	FC		6- Election Campaign Financing Trust Fund Contribution	☐ Add	00 May Be ed to Fees
1 330	65 25 Mighin DAO		30 M'AMI -	DAOC		30. 🔲 Yes	Intangible No
	9. Name and Address of Current	Hegistered Agent	81 Nam		10. Name and Address of New Rec	listelen Walli	
PEREZ, SERGIU				100	nas Arteaga		
9829 SW 40TH STREET			82 Stree				
MI	AMI FL 33165		83 7.6	129	30 40 31-11		
				·····			
			84 City	MIA	מוני.		ip Code
11. Pursuant office or report. La	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida, Such change was trons of Section 607.0505, Ft	les, the above-name authorized by the co	ed corpor	ation submits this statement for the pr	urpose of changin	a its registered
_	TOMAS ARTEGAL	a Tombel	town			1/14	198
	Signature typed or printed harve of muchon Wiles	caset build applicable (NO)	f. Heaviered Agent signal	ure required		DATE /	200 114 40
12.	OFFICERS AND	DEFICIORS DEFIE	13.	-T-23-	ADDITIONS/CHANGES TO OFFICE		
TITLE	D Perez, Sergio	ען טנווונ	1.1 TITLE	1 .		C Chari	TE THE WOODING (
NAME STREET AODRESS	9829 SW 40TH STREET		1.2 NAME 1.3 STREET ADDRESS	. 00.	145 ARTEUGA 29 SW YUSTRECT		
CITY-ST-ZIP	MIAMI FL 33165		14 CITY - ST - ZIP	3	rani. El 33165		}
TITLE	D	DELETE	21 TITLE	12/1/	75-11)	Chang	e Addition
NAME	SARDINAS, NELSON		2.2 NAME	1			
STREET ADDRESS	9829 SW 40TH STREET		2.3 STREET ADDRESS	s			ł
CITY-ST-ZIP	MIAM! FL 33165		2 4 C(1)Y-ST-Z(P	ļ			
TITLE		DELETE	3 1 TITLE	}		Chang	ye ∐ Addition
HAME			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	s			ļ
CITY-ST-ZIP		T ALLES	3.4. CITY - SI - ZIP			7 7 2	. [] Addition
TITLE		OLLETE	4.1 TITLE			L. Chang	e Addition
NAME STREET ADDRESS			4 2 NAME	. 1			
			4.3 STREET ADDRESS				

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 supplied entity 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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

6 4 CITY-ST-ZIP

5 4 CITY-ST-ZiP

51 TITLE

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

YITLE

NAME

SIGNATOR AND TYPLD ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELFTE

DELFTE

1/14/98 (305)220-3660 Daily Dayline Proce # 0220428

Change

Change

Addition

Addition