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

FILED
98 JUN -3 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000079028

1. Corporation Name: PAIN DIAGNOSTIC & MANAGEMENT CENTER, P.A.
145 BUCKHORN RUN
LAKELAND, FLORIDA 33809
DOCUMENT #: P97000079028

Principal Place of Business:
145 BUCKHORN RUN
LAKELAND, FLORIDA 33809

Mailing Address:
145 BUCKHORN RUN
LAKELAND, FLORIDA 33809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21: 10368 CARROLLWOOD LANE
22 Suite, Apt. #, etc.: Apt. 334
23 City & State: TAMPA, FLORIDA
24 Zip: 33618
25 Country: U.S.A.

2a. Mailing Address
26: 10368 CARROLLWOOD LANE
27 Suite, Apt. #, etc.: Apt. 334
28 City & State: TAMPA, FLORIDA
29 Zip: 33618
30 Country: U.S.A.

3. Date Incorporated or Qualified: SEPTEMBER 12, 1997

4. FEI Number: 59-3467482 ☐ 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

10. Name and Address of New Registered Agent
81 Name: GEORGE WHITE, C.P.A., P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 3750 GUNN HIGHWAY SUITE 1B
83
84 City: TAMPA FL 85 Zip Code: 33624

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: George White CPA P.A. 4-27-98
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ALLAN C. HONCHARSKA, M.D.	
STREET ADDRESS	10368 CARROLLWOOD LANE #334	
CITY-ST-ZIP	TAMPA, FLORIDA 33618	
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

000002548270 4
-06/05/98--01003--012
****158.75 ****158.75

CR2E034 (10/97)

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 added to this report.

SIGNATURE: Allan C. Honcharska, M.D. 4/24/98 (813) 877-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #