

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90007 011 ***150.00

DOCUMENT # P97000079028

1. Corporation Name

PAIN DIAGNOSTIC & MANAGEMENT CENTER, P.A.

Principal Place of Business

2929 LAKELAND HIGHLANDS RD., STE 2
LAKELAND FL 33803

Mailing Address

2929 LAKELAND HIGHLANDS RD., STE 2
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1997

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Suite A-2

23 City & State

24 Zip Country

25

2a. Mailing Address

26 P.O. Box 906

27 Suite, Apt. #, etc.

28 City & State
EATON PARK, FL

29 Zip Country

30 33840 U.S.A.

9. Name and Address of Current Registered Agent

WHITE, GEORGE C CPA, PA
3750 GUNN HIGHWAY
SUITE 1B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name DR. ALLAN C. HONCULADA

82 Street Address (P.O. Box Number is Not Acceptable)

2929 LAKELAND HIGHLANDS RD.

83 Suite A-2

84 City LAKELAND

FL

85 Zip Code 33803

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

Allen C. Honculada

2/23/99

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 PD
NAME HONCULADA, ALLAN C MD
STREET ADDRESS 10368 CARROLLWOOD LANE, APT 234
CITY-ST-ZIP TAMPA FL 33618

TITLE VSD
NAME GARCIA, GLORIA T MD
STREET ADDRESS 10368 CARROLLWOOD LANE, APT 234
CITY-ST-ZIP TAMPA FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Allen C. Honculada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

Date

Daytime Phone #

CR2E034 (1/98)