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Feb 22, 1999 8:00 am  
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02-22-1999 90126 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000096017

1. Corporation Name

C.A.S. PAIN MANAGEMENT SERVICE, INC.

Principal Place of Business

2525 HARBOR BLVD  
STE 305  
PORT CHARLOTTE FL 33952  
US

Mailing Address

2525 HARBOR BLVD  
STE 305  
PORT CHARLOTTE FL 33952  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0797144

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

9. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MORALES, MICHAEL  
STREET ADDRESS 2525 HARBOR BLVD, #305  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ DELETE

NAME ACOSTA, ABELARDO  
STREET ADDRESS 2525 HARBOR BLVD, #305  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ DELETE

NAME VALENTE, LOUIS K  
STREET ADDRESS 2525 HARBOR BLVD, #305  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

VINOD K. MALIK, MD  
2525 HARBOR BLVD #305  
PORT CHARLOTTE, FL 33952

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

941-627-0535

Daytime Phone #

CR2E034 (1/198)