

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90169 011 \*\*\*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 # P97000108240**

1. Corporation Name  
**VALLEY PAIN CENTERS, INC.**

Principal Place of Business 1903 SOUTH CONGRESS AVE. SUITE 400 BOYNTON BEACH FL 33426	Mailing Address 1903 SOUTH CONGRESS AVE. SUITE 400 BOYNTON BEACH FL 33426
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/26/1997</b>	
4. FEI Number <b>65-0818789</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>2710 REW CIRCLE</b>	2a. Mailing Address 26 <b>2710 REW CIRCLE</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. <b>#100</b>
23 City & State <b>OCFEE, FL</b>	28 City & State <b>OCFEE, FL</b>
24 Zip <b>34761</b> 25 Country	29 Zip <b>34761</b> 30 Country

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name <b>E. NICHOLAS DAVIS, III</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1903 S. CONGRESS AVE #400</b> 83 84 City <b>BOYNTON BEACH</b> FL 85 Zip Code <b>33426</b>
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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]* **E. NICHOLAS DAVIS, III** DATE **4/28/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>PERSHEG, PAUL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1903 SOUTH CONGRESS AVE, SUITE 400</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33426</b>	1.2 NAME	
TITLE <b>STD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>KOBRIN, ARTHUR</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>1903 SOUTH CONGRESS AVE, SUITE 400</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33426</b>	1.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>KIRVIN, ROGERS W. JR.</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1903 SOUTH CONGRESS AVE., SUITE 400</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33426</b>	2.2 NAME	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>KLEIN, DAVID S. MD</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>1903 SOUTH CONGRESS AVE., SUITE 400</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33426</b>	2.4 CITY-ST-ZIP	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME <b>DAVIS, E. NICHOLAS III</b>	3.1 TITLE <b>Ex. V.P., R</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1903 SOUTH CONGRESS AVE., SUITE 400</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33426</b>	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <b>P, S, T, *</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <b>D, Ex. V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME <b>DAVIS, E. Nicholas III</b>	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS <b>1903 S. CONGRESS AVE., Suite 400</b>	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP <b>Boynton Beach, FL.</b>	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* **Ex. V.P.** DATE **4/27/99** DAYTIME PHONE # **(56) 737-2229**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)