

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90169 011 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1997

4. FEI Number

65-0818789

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 2710 REW CIRCLE

Suite, Apt. #, etc.

22

City & State

23 OCOEE, FL

Zip

24 34761

Country

25

2a. Mailing Address

26 2710 REW CIRCLE

Suite, Apt. #, etc.

27

City & State

28 OCOEE, FL

Zip

29 34761

Country

30

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

E. NICHOLAS DAVIS, III

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

1903 S. CONGRESS AVE #400

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33426

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

E. Nicholas Davis, III

E. NICHOLAS DAVIS, III

4/28/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☒ DELETE

NAME ~~PERSHES, PAUL~~

STREET ADDRESS ~~1903 SOUTH CONGRESS AVE, SUITE 400~~

CITY-ST-ZIP ~~BOYNTON BEACH FL 33426~~

TITLE ~~STD~~ ☒ DELETE

NAME ~~KOBRIN, ARTHUR~~

STREET ADDRESS ~~1903 SOUTH CONGRESS AVE, SUITE 400~~

CITY-ST-ZIP ~~BOYNTON BEACH FL 33426~~

TITLE ~~D~~ ☐ DELETE

NAME ~~KIRVIN, ROGERS W. JR.~~

STREET ADDRESS ~~1903 SOUTH CONGRESS AVE., SUITE 400~~

CITY-ST-ZIP ~~BOYNTON BEACH FL 33426~~

TITLE ~~D~~ ☐ DELETE

NAME ~~KLEIN, DAVID S. MD~~

STREET ADDRESS ~~1903 SOUTH CONGRESS AVE., SUITE 400~~

CITY-ST-ZIP ~~BOYNTON BEACH FL 33426~~

TITLE ~~D~~ ☒ DELETE

NAME ~~DAVIS, E. NICHOLAS III~~

STREET ADDRESS ~~1903 SOUTH CONGRESS AVE., SUITE 400~~

CITY-ST-ZIP ~~BOYNTON BEACH FL 33426~~

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

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:

E. Nicholas Davis, III
E. NICHOLAS DAVIS, III

4/27/99 (56) 737-2227
Date Daytime Phone #

CR2E034 (11/98)

0370168