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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90016 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000017345

1. Corporation Name

PAIN RELIEF OF FLORIDA, INC.

Principal Place of Business

4788 ANCHORAGE AVE.

FT. MYERS FL
AMTEL FLOR MILT MALL
2835 COLONIAL BLVD
FT. MYERS, FL 33912

Mailing Address

4788 ANCHORAGE AVE.

FT. MYERS FL 33919

2. Principal Place of Business

21 AMTEL FLOR MILT MALL

Suite, Apt. #, etc.

22 YELLOW ISLE #2613

City & State

23 FT. MYERS FL

Zip Country

24 33912 25 USA

2a. Mailing Address

26 SAMI DS ABOVE

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1998

4. FEI Number

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

10. Name and Address of New Registered Agent

KNOPF, RONALD C
4788 ANCHORAGE AVE.
FT. MYERS FL 33919

81 Name

SAMI

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 Ronald C. Knopf RONALD C. KNOPF 1-3-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME KNOPF, RONALD C
STREET ADDRESS 4788 ANCHORAGE AVE.
CITY-ST-ZIP FT. MYERS FL

TITLE VSTD ☒ DELETE

NAME KNOPF, JEAN A
STREET ADDRESS 4788 ANCHORAGE AVE.
CITY-ST-ZIP FT. MYERS FL

TITLE VSTD ☐ DELETE

NAME RONDA C. JURICK
STREET ADDRESS 2131 CRYSTAL DR #206
CITY-ST-ZIP FT. MYERS, FL 33907

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: Ronald C. Knopf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-99 941-181-1700

Date

Daytime Phone #

CR2E034 (11/98)