


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0126067

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000036951 1. Corporation Name ASSOCIATES IN PAIN MEDICINE, P.A.		

99 AUG 17 AM 8:27



Principal Place of Business 16050 HORIZON PLAZA, #109 FORT MYERS FL 33908	Mailing Address 16050 HORIZON PLAZA, #109 FORT MYERS FL 33908
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3600 CENTRAL AVE Suite, Apt. #, etc. 22 SUITE #2 City & State 23 FT. MYERS, FLA Zip 24 33901 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/22/1998	
		4. FEI Number 65-0829581		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent DAY, JUDY 16050 HORIZON PLAZA, #109 FORT MYERS FL 33908			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number) 7000023863867--6 83 -08/19/99--01018--019 ***150.00 ***150.00 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, J. TODD	12 NAME	
STREET ADDRESS	16050 HORIZON PLAZA, #109	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JUDY	22 NAME	
STREET ADDRESS	16050 HORIZON PLAZA, #109	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: **J. Todd Williams** **J. TODD WILLIAMS** **7/8/99 (941)**
437 1155

CR2E034 (5/99)



Dr. J. Todd Williams
CHIROPRACTIC PHYSICIAN

HORIZON PLAZA
16050 S. TAMiami TRAIL
SUITE #109
FORT MYERS, FLORIDA 33908
(941) 437-1155

To whom it may concern,

Assoc. in Pain Meds did not
become an S-CORP until Jan 99.
This company has no income and
is still not active. I would like
to keep this corp. for the near
future. Some how I missed the
1st notice.

— I was ~~not~~ told by your office
to mail \$150 Thank you

J. Todd Williams
(941) 437-1155