

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S52000

(4)

1. Corporation Name

NOVADEX CORPORATION

Principal Place of Business

1401 NEPTUNE DRIVE
BOYNTON BEACH FL 33426

Mailing Address

1401 NEPTUNE DRIVE
BOYNTON BEACH FL 33426

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:16

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/02/1991

3a. Date of Last Report

05/24/1994

4. FEI Number

65-0401145

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHONE, LARRY
50 S.E. FOURTH AVENUE
DELRAY BEACH FL 33483

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VP
PATEL, NATU
1401 NEPTUNE DR.
BOYNTON BEACH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

ST
COONEY, FRANK
1401 NEPTUNE DR.
BOYNTON BEACH FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PST
USHER, THOMAS C.
1401 NEPTUNE DR.
BOYNTON BEACH FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
USHER, RUTH
1401 NEPTUNE DR.
BOYNTON BEACH FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

NATU PATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/95
Date

407-738-6972
Daytime Phone #

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S53534

(1)

1. Corporation Name

GALLOWAY PAIN CARE CENTER, INC.

Principal Place of Business

1680 MERIDIAN AVE.
SUITE 510
MIAMI BEACH FL 33139
US

Mailing Address

1680 MERIDIAN AVE.
SUITE 510
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/16/1991

3a. Date of Last Report
12/02/1994

2. Principal Place of Business

21 9300 Galloway Road

2a. Mailing Address

26 9300 Galloway Road

Suite, Apt. #, etc.
22 Ste 7

Suite, Apt. #, etc.
27 Ste 7

4. FEI Number
65-0268109

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Director (Director, President,
Trust Fund Contributor) ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for franchise tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

24 Zip
33176

25 Country
Dade

29 Zip
33176

30 Country
Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHUNG, MELODY
1680 MERIDIAN AVE.
SUITE 510
MIAMI BEACH FL 33162

81 Name

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

9300 Galloway Road Ste 7

83

84 City

Miami

FL

85 Zip Code

33176

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PD
CHUNG, MELODY
1680 MERIDIAN AVE., SUITE 510
MIAMI BEACH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
Change Addition
9300 Galloway Road Ste 7
Miami, FL 33176
Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
Change Addition

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SIGNATURE:

Melody Wei-Chun Chung

Melody Wei Chun Chung

6/7/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

(Date)

(Signature of Agent)