

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:44

DOCUMENT # S79773 (5)
1. Corporation Name
HEADACHE TREATMENT CENTER OF FLORIDA, INC.

Principal Place of Business Mailing Address
661 SW 15TH STREET 661 SW 15TH STREET
BOCA RATON FL 33486 BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1050 NW 15 ST		25		09/11/1991		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FBI Number		Applied For	
22 Suite 208A		27		65-0291691		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 Boca Raton, FL		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24 33486		25 USA		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

LINDEN, MARC A., M.D.
661 SW 15TH STREET
BOCA RATON FL 33486

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 of Marc A. Linden)
Signature, typed or printed name of registered agent and board representative

2/6/95
(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	LINDEN, MARC A.	1.2 NAME	
STREET ADDRESS	661 SW 15 ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(4)(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:

(Signature of Marc A. Linden)
Signature and typed or printed name of signing officer or director

2/6/95 (407) 3958804
Typed Name & Number