

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 PH 12:00

DOCUMENT # **V07422** (1)
1. Corporation Name
HEADACHE CENTER OF THE WEST COAST, INC.

Principal Place of Business Mailing Address
4506 LB MCLEOD RD STE F **4506 LB MCLEOD RD STE F**
ORLANDO FL 32811 **ORLANDO FL 32811**

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		25		01/15/1992	04/29/1994
22		27		4. FEI Number	Applied For
23		28		59-3106385	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIGGS, STEPHEN P 4506 LB MCLEOD ROAD, STE F STE 860 ORLANDO FL 32811				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, WILLIAM P.	1.2 NAME	DELETE
STREET ADDRESS	4506 L.B. MCLEOD RD STE F	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32811		
TITLE	DVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, STEPHEN P.	2.2 NAME	PRES/ASST. SEC./DIR
STREET ADDRESS	4506 L.B. MCLEOD RD	2.3 STREET ADDRESS	STEPHEN P. GRIGGS
CITY - ST - ZIP	ORLANDO FL		4506 LB MCLEOD RD., STE F.
			ORLANDO FL 32811
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, WILLIAM A. II	3.2 NAME	DELETE
STREET ADDRESS	250 PARK AVE S	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL		
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRISH, REBECCA R	4.2 NAME	SEC/TREAS/DIRECTOR
STREET ADDRESS	4506 LB MCLEOD ROAD, STE F	4.3 STREET ADDRESS	REBECCA R. IRISH
CITY - ST - ZIP	ORLANDO FL		4506 LB MCLEOD RD., STE F.
			ORLANDO FL 32811
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LEONARD	5.2 NAME	DELETE
STREET ADDRESS	P.O. BOX 8845 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32852	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, JACK T.	6.2 NAME	DELETE
STREET ADDRESS	3120 CORRINE DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	6.4 CITY - ST - ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 to my address.

SIGNATURE: Rebecca R. Irish 2/6/95 (407)841-2115
(Typed Name) (Typed Name)
 REBECCA R. IRISH