

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

CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -9 PM 12:00

DOCUMENT # **V07426 (2)**  
1. Corporation Name  
**HEADACHE & PAIN MANAGEMENT CENTER, INC.**

Principal Place of Business Mailing Address  
POB 53-6576 ORLANDO FL 32853  
POB 53-6576 ORLANDO FL 32853

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		26		01/15/1992	04/29/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3106384	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
GRIGGS, STEPHEN P 4506 LB MCLEOD ROAD, STE F STE 860 ORLANDO FL 32811				<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	FL	B5

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
DP	KENNEDY, WILLIAM P. 4506 L.B. MCLEOD RD ORLANDO FL 32811	DELETED	
DVP	GRIGGS, STEPHEN P. 4506 L.B. MCLEOD RD ORLANDO FL	PRES/ASST. SEC./DIR STEPHEN P. GRIGGS 4506 LB MCLEOD RD., STE F. ORLANDO FL 32811	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
SD	WALKER, WILLIAM A. II 250 PARK AVE S WINTER PARK FL	DELETED	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
T	IRISH, REBECCA R 4506 LB MCLEOD ROAD, STE F ORLANDO FL	SEC./TREAS./DIRECTOR REBECCA R. IRISH 4506 LB MCLEOD RD., STE F. ORLANDO FL 32811	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
D	WILLIAMS, LEONARD P.O. BOX 6845 N/A ORLANDO FL 32852	DELETED	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
D	WEAVER, JACK T. 3120 CORRINE DR ORLANDO FL 32803	DELETED	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>

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(6)(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 to an addition.

SIGNATURE: Rebecca R. Irish 2/4/95 (407)841-2115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR