

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0536497

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APR 15 1999

DOCUMENT # V41951

1. Corporation Name
COMPREHENSIVE PAIN MEDICINE, INC.



Principal Place of Business: **4412 N DAVIS HWY., PENSACOLA FL 32503 US**

Mailing Address: **4412 N DAVIS HWY., PENSACOLA FL 32503 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **4651 SHERIDAN ST**

22 **SUITE 400**

23 **Hollywood FL**

24 **33021** 25

2a. Mailing Address

26 **4651 SHERIDAN ST**

27 **SUITE 400**

28 **Hollywood FL**

29 **33021** 30

3. Date Incorporated or Qualified: **06/05/1992**

4. FFL Number: **59-3129628**

5. Certificate of Status Deemed:

6. Election Campaign Financing Trust Fund Contribution:

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

Applied For Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOZER, DANIEL R.
3 WEST GARDEN STREET
SUITE 344
PENSACOLA FL 32501

81 Name: **JAY A. MARTUS**

82 Street Address: **4651 SHERIDAN STREET**

83 **SUITE 400**

84 City: **Hollywood** FL 85 Zip Code: **33021**

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 of as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Registered Agent** **4/13/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIMMONS, RUBEN B. M.D.	
STREET ADDRESS	4412 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUCHALTER, JEFFREY	
STREET ADDRESS	4412 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRUGER, KUERT A	
STREET ADDRESS	4412 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAIRLEIGH, DAVID	
STREET ADDRESS	4412 DAVIDS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: **VP** Change Addition

12 NAME: **100002841441-4**

13 STREET ADDRESS: **-04/16/99--01008--012**

14 CITY-ST-ZIP: *****4350.00 ***150.00**

21 TITLE: **PIP** Change Addition

22 NAME: **MICHAEL LEWIS**

23 STREET ADDRESS: **4651 SHERIDAN STREET SUITE 400**

24 CITY-ST-ZIP: **Hollywood FL 33021**

31 TITLE: **VP/D** Change Addition

32 NAME: **LEWIS, GLEN**

33 STREET ADDRESS: **4651 SHERIDAN STREET SUITE 400**

34 CITY-ST-ZIP: **Hollywood FL 33021**

41 TITLE: **VP/S** Change Addition

42 NAME: **JAY A. MARTUS**

43 STREET ADDRESS: **4651 SHERIDAN STREET SUITE 400**

44 CITY-ST-ZIP: **Hollywood FL 33021**

51 TITLE: **COO/D** Change Addition

52 NAME: **MICHAEL SCHONDLER**

53 STREET ADDRESS: **4651 SHERIDAN STREET SUITE 400**

54 CITY-ST-ZIP: **Hollywood FL 33021**

61 TITLE: **VP** Change Addition

62 NAME: **[Signature]**

63 STREET ADDRESS: **[Signature]**

64 CITY-ST-ZIP: **[Signature]**

14. I hereby certify that the information supplied with this filing 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 on Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowerments.

SIGNATURE: *[Signature]* **COMPREHENSIVE PAIN MEDICINE, INC.** April 13, 1999 (954)986-7770

CR2E034 (11/98)