SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $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

FILED
95 AUG -3 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V45575** **(0)**

1. Corporation Name
CONSULTANTS IN PAIN CONTROL, P.A.

Principal Place of Business	Mailing Address
1215 EAST AVE. S 307 SARASOTA FL 34239 US	15 CROSSROADS BOX 300 SARASOTA FL 34239 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite 707	2a. Mailing Address 26 Suite 707
Suite, Apt. #, etc. 22 1921 Waldemere Ave	Suite, Apt. #, etc. 27 1921 Waldemere St
City & State 23 Sarasota FL	City & State 28 Sarasota, FL
Zip 24 34239 Country 25 Sarasota	Zip 29 34239 Country 30 Sarasota

3. Date Incorporated or Qualified 06/23/1992	3a. Date of Last Report 03/17/1994
4. FEI Number 65-0344005	☐ 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	

9. Name and Address of Current Registered Agent

FLYNN, GREGORY T.
1215 EAST AVENUE SOUTH
SUITE 307
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name: Flynn, MD, Gregory T.
82 Street Address (P.O. Box Number is Not Acceptable): Suite 707
83: 1921 Waldemere St.
84 City: Sarasota FL 85 Zip Code: 34239

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: Gregory T. Flynn, MD 7/19/95 Gregory T. Flynn, MD
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	D	11 TITLE	D ☒ Change ☐ Addition
NAME	FLYNN, GREGORY T.	12 NAME	Flynn, Gregory T.
STREET ADDRESS	3440 GULF MEAD DR.	13 STREET ADDRESS	4429 Lyford Cay Rd
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Tampa, FL 34239
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(i), 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: Gregory T Flynn MD Gregory T. Flynn MD 7/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date

813-877-9200
Daytime Phone Number

0164477 FP