

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V58231**

(4)

1. Corporation Name

SURFSIDE PAIN CONTROL CENTER, INC.



Principal Place of Business

**260 95ST
SUITE 206
SURFSIDE FL 33154**

Mailing Address

**260 95ST
SUITE 206
SURFSIDE FL 33154**

2. Principal Place of Business

21 State, April 1, or

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, April 1, or

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**VERA, VASERSHTEYN
260 95ST
SUITE 206
SURFSIDE FL 33154**

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 609.01 through 609.04, Florida Statutes, this person or corporation is the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. This 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 duties of a registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

**PD
VERA, VASERSHTEYN
260 95ST
SURFSIDE FL**

NAME

STREET ADDRESS

CITY, STATE, ZIP

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