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Feb 15, 1999 8:00am

**Secretary of State** 

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58231  1. Corporation Name SURESIDE PAIN CONTROL CENTER INC					02-15-1999 9000	6 043 ***150.00		
SURFSIDE PAIN CONTROL CENTER, INC.								
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Principal Place of Business Mailing Address					I HENIÝ DYNEBY DVISY VSIVO VYDO	e iliai ilei eleli albii el	ii rich di	<b>a</b> il 0:041 (00)
260 95ST 260 95ST								
I a care a c		Suite 206 Surfside FL 33154	= · = · · · · · · · · · · · · · · · · ·		DO NOT W	RITE IN THIS SPAC	DE .	
00/11/0/02 12	<b>3010</b> 4	OUT OIGE TE SOIGT		-	3. Date Incorporated or Qualife			
					08/14/1992			
<b>⊢</b> '	Place of Business	2a. Mailing Address			4. FEI Number			lied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		-	65-0352686	<b>\$</b> 5		Applicable dditional
22		27			<ol><li>Certificate of Status Desired</li></ol>	1 1	Fee Rec	
City & Stat	te	City & State			6. Election Campaign Financin	g _ ·\$	5.00 h	May Be
23		28	0		Trust Fund Contribution		Added to	Fees
Zip <b>24</b>	Country	Zip	Country		This corporation owes the c	urrent year Intangibl Y⊟ Y		<b>⊠</b> No
[24]	25 9. Name and Address of Current		30	1	Personal Property Tax.  O. Name and Address of New			<u> </u>
		<u> </u>	81 Na	me				
	A, VASERSHTEYN		82 Str	eet Address	(P.O. Box Number is Not Acce	ptable)		
	95ST TE 206				1 36 No. 26 April 27		104	4.5.13.1.23.
	IFSIDE FL 33154		83					1
	ODE 12 00104		<b>84</b> Cit	у	**************************************	FL 85	Zip C	ode
	to the provisions of Sections 607.0502				ion outpoits this statement for t		ina its r	
11. Pursuant		and 607. 1508. Florida Statutes	s, the above-nar	ned corporat				easterea i
office or r	registered agent, or both, in the State of	t Florida. Such change was aut	thorized by the c	ned corporat corporation's	board of directors. I hereby acc	cept the appointmen	t as reg	istered
office or r agent: I a	to the provisions of sections of 207.0502 registered agent, or both, in the State of m:familiar with, and accept the obligation	t Florida. Such change was aut	thorized by the c	ned corporat corporation's	board of directors. I hereby acc	cept the appointmen	t as reg	egistered istered
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 Date

| 305|861-0070 | Daytime#hone # 2E034 (11/98)