

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

**FILED**

**Feb 19 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V60571 (9)**  
1. Corporation Name  
**HEADACHE MANAGEMENT OF AMERICA, INC.**

Principal Place of Business <b>P O BOX 53-6576 ORLANDO FL 32853-6576</b>	Mailing Address <b>P O BOX 53-6576 ORLANDO FL 32853-6576</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/28/1992</b>	3a. Date of Last Report <b>04/17/1996</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-3142814</b>	Applied For <input type="checkbox"/> Not Applicable
25. Country	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29. Country	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**  
**SUITE 600**  
**ORLANDO FL 32811**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				<b>FL 32811</b>

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PASD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRIGGS, STEPHEN P</b>	12 NAME	
STREET ADDRESS	<b>4506 LB MCLEOD RD STE F</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	14 CITY - ST - ZIP	<b>32811</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IRISH, REBECCA R</b>	22 NAME	
STREET ADDRESS	<b>4506 LB MCLEOD RD STE F</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	24 CITY - ST - ZIP	<b>32811</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Rebecca R. Irish* **4/20/97** **(407) 841-2115**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Rebecca R. Irish** Date Daytime Phone #

CR2E034 (9/96)