FILED
Jun 07, 2004 8:00 am
Secretary of State
05-25-2004 90002 017 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/25/

DOCUMENT # P03000036463

1. Entity Name
ORLANDO PAIN AND MEDICAL CENTER, INC.

Principal Place of Business
5841-A DAHLIA DRIVE
ORLADNO, FL 32807-3238

Mailing Address
PO BOX 570007
ORLANDO, FL 32857-0007

66426951

05042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1936 MAR LUTHER KING BLVD.	1936 MARTIN LUTHER KING BLVD.
Suite, Apt. #, etc. STE. # 101	Suite, Apt. #, etc. STE. # 101
City & State TAMPA, FL ~~33607~~	City & State TAMPA, FL.
Zip 33607 Country U.S.A.	Zip 33607 Country U.S.A.

4. FEI Number 56-2379520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTRADA, JOSEPH T
9509 N. HYALEAH ROAD
TAMPA, FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ESTRADA, JOSEPH T 5841-A DAHLIA DRIVE ORLADNO, FL 328073238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/21/04 Date (813) 871-1355 Daytime Phone #