


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000013419
 1. Entity Name
 NORTH LAKELAND PAIN & TRAUMA, INC.



Principal Place of Business Mailing Address
 5516 U.S. 98 NORTH 5516 U.S. 98 NORTH
 LAKELAND, FL 33809 LAKELAND, FL 33809

DO NOT WRITE IN THIS SPACE



02012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3231594	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 PETRONE, GLORIA G
 6207 GREEN ROAD
 LAKELAND, FL 33809

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

11000000085637
 03/11/04-80055-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETRONE, GLORIA 6207 GREEN RD LKLD, FL
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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: Gloria Petrone Date: 3/5/04 Daytime Phone #: 8583993