


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000065848  
 1. Entity Name  
 FLORIDA PAIN MEDICINE ASSOCIATES, INC.



Principal Place of Business 2828 S. SEACREST BLVD. SUITE 211 BOYNTON BEACH, FL 33435	Mailing Address 2828 S. SEACREST BLVD. SUITE 211 BOYNTON BEACH, FL 33435
---	---

**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0936875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY L ESQ.  
 54 N.E. FOURTH AVENUE  
 DELRAY BEACH, FL 33483

**DO NOT WRITE IN THIS SPACE**

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

**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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RENTA, ALEXIS M.D.
STREET ADDRESS	2828 S. SEACREST BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	D
NAME	RODRIGUEZ, ALBERT M.D.
STREET ADDRESS	2828 S. SEACREST BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	D
NAME	GATZ, BART M.D.
STREET ADDRESS	2828 S. SEACREST BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000042970  
 02/10/04-80046-004 150.00

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: Bart Gatz PRES. 1/29/04 561-369-7644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #