


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01192005 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

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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 _____ 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, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RENTA, ALEXIS M.D. 2828 S. SEACREST BLVD. BOYNTON BEACH, FL 33435 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RODRIGUEZ, ALBERT M.D. 2828 S. SEACREST BLVD. BOYNTON BEACH, FL 33435 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GATZ, BART M.D. 2828 S. SEACREST BLVD. BOYNTON BEACH, FL 33435 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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 01/25/05-80079-020 150.00

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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)(f), 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* **BART GATZ, PRES.** 1/21/05 561 349-7644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #