

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 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**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006 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**

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 03/16/06-80054-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/30/06 561-369-7644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #