

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90138 049 ***150.00

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0936875

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENTA, ALEXIS M.D. 2828 S. SEACREST BLVD. BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ALBERT M.D. 2828 S. SEACREST BLVD. BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATZ, BART M.D. 2828 S. SEACREST BLVD. BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bart Gatz
BART GATZ V. Pres.

1/9/03

561-369-7644

Date

Daytime Phone #

CR2E034 (10/02)