# Entity Name: FLORIDA PAIN MEDICINE ASSOCIATES, INC.

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

2828 S. SEACREST BLVD. SUITE 210 BOYNTON BEACH, FL 33435

DOCUMENT# P99000065848

# **Current Mailing Address:**

2828 S. SEACREST BLVD. SUITE 210 BOYNTON BEACH, FL 33435

## FEI Number: 65-0936875

### Name and Address of Current Registered Agent:

COHEN, JEFFREY LESQ. 54 N.E. FOURTH AVENUE DELRAY BEACH, FL 33483 US

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.

### SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	D	Title	D
Name	RENTA, ALEXIS M.D.	Name	RODRIGUEZ, ALBERT M.D.
Address	2828 S. SEACREST BLVD.	Address	2828 S. SEACREST BLVD.
City-State-Zip:	BOYNTON BEACH FL 33435	City-State-Zip:	BOYNTON BEACH FL 33435
Title	D		
Name	GATZ, BART M.D.		
Address	2828 S. SEACREST BLVD.		
City-State-Zip:	BOYNTON BEACH FL 33435		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

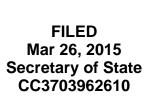
SIGNATURE: ALEXIS RENTA M.D.

OFFICER

03/26/2015

Date

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: Yes

Date