

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000065848

**Entity Name:** FLORIDA PAIN MEDICINE ASSOCIATES, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0936875

**Certificate of Status Desired:** Yes

**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

Date

**Officer/Director Detail :**

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

Title D  
Name RODRIGUEZ, ALBERT M.D.  
Address 2828 S. SEACREST BLVD.  
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**

Electronic Signature of Signing Officer/Director Detail

Date