

2014 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: No

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: BART GATZ

PRESIDENT/OWNER

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date