

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75833

FILED
Feb 02, 2004
Secretary of State

Entity Name: THE FLORIDA PAIN MANAGEMENT CENTER, INC.

Current Principal Place of Business:

111 WATERMAN AVENUE
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

111 WATERMAN AVENUE
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 59-3006597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURTON BUSH, RICHARD
1301 METROPOLITAN BLVD.
SUITE 300
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BERCKES, STACY J.,
Address: 38440 TIMBERLANE DRIVE
City-St-Zip: UMATILLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STACY J. BERCKES, M.D.

P/S

02/02/2004

Electronic Signature of Signing Officer or Director

Date