

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90120 020 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L43917**

1. Corporation Name

**GULF COAST PAIN MEDICINE CENTER, INC.**

Principal Place of Business

2344 BEE RIDGE RD  
STE 100  
SARASOTA FL 34239  
US

Mailing Address

3945 HAMILTON CLUB CIR  
SARASOTA FL 34242  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1990

4. FEI Number

65-0164436

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 **21229 Olean Blvd #D**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

**Port Charlotte FL**

24 Zip

**33952**

25 Country

**US**

27 City & State

28 Zip

29 Country

30 **US**

9. Name and Address of Current Registered Agent

**ORENS, SCOTT**  
**3945 HAMILTON CLUB CIRCLE**  
**SARASOTA FL 34242**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P**  
**ORENS, SCOTT**  
**3945 HAMILTON CLUB CR**  
**SARASOTA FL 34242**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Scott S. Orens**  
**M.D.**  
**4/27/99**  
**941-266-925**

Date

Daytime Phone #

CR2E034 (11/98)