

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # L43917

1. Entity Name

GULF COAST PAIN MEDICINE CENTER, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

04-26-2000 90082 040 ***150.00

Principal Place of Business

21220 GLEAN BLVD. #D
PT CHARLOTTE FL 33932
US

Mailing Address

21220 GLEAN BLVD. #D
PT CHARLOTTE FL 34222-5309
US

P.O. Box 5309
SARASOTA FL
34277-5309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0164436

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORENS, SCOTT President
3945 HAMILTON CLUB CIRCLE
SARASOTA FL 34242
c/o Martin Press, Esq.
Broad and Cassel
34277-5309

Name

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

City

FL

Zip Code

8. 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.

Broward Financial Center - Ste. 1130

SIGNATURE

500 East Broward Blvd.
Ft. Lauderdale, FL 33394

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ORENS, SCOTT
3945 HAMILTON CLUB CR
SARASOTA FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ORENS, SCOTT President
P.O. Box 5309
SARASOTA, FL 34277-5309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Scott Orens, President
c/o Martin Press, Esq.
Broad & Cassel
Broward Financial Center

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CITY-ST-ZIP
500 East Broward Blvd.
Ft. Lauderdale, FL 33394

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 941-928-9977