

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90815 002 ***122.54
 05-12-2002 90815 001 ****27.46

DOCUMENT # L43917

1. Entity Name
GULFCOAST PAIN MEDICINE CENTER, INC.

Principal Place of Business Mailing Address
21229 OLEAN BLVD. #D P O BOX 5309
PT CHARLOTTE FL 33952 SARASOTA FL 34277-5309
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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
8945 HAMILTON CLUB CIRCLE
SARASOTA FL 34242

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.

SIGNATURE _____
 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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **ORENS, SCOTT**
 CITY-ST-ZIP **500 EAST BROWARD BLVD**
FT. LAUDERDALE FL 33397

TITLE ☒ Change ☐ Addition
 NAME **SCOTT ORENS**
 STREET ADDRESS **President P**
c/o Peter G. Steven Press, C. P. A.
4801 S. University Drive
Suite 303, Atrium Center
FT. LAUDERDALE, FL 33328

TITLE ☐ Delete
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 CITY-ST-ZIP

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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

Apr 12, 02 (941) 928-9977
 Date Daytime Phone #

CR2E034 (9/01)

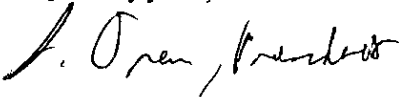
Annual Report Gulfcoast Pain Medicine Center

March 1, 2002

Gulfcoast Pain Medicine Center, Inc.

This is to confirm that any new business has been discussed with the members of the board of directors.
Any old business (please see last yearly report submitted with last renewal application)was concluded at
that time.

Respectfully yours,

A handwritten signature in cursive script, appearing to read "S. Orens, President".

Scott Orens
President