

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90152 001 \*1,685.00

12094



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N14110**

1. Entity Name

**ST. MARY'S PAIN CENTER, INC.**

Principal Place of Business

Mailing Address

901 45TH STREET  
 WEST PALM BEACH FL 33407  
 US

1309 NORTH FLAGLER DR.  
 WEST PALM BEACH FL 33401-3406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2764263**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **XX**

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODWIN LARCOMBE, VALERIE**  
**1309 NORTH FLAGLER DR.**  
**WEST PALM BEACH FL 33401**

Name **Valerie G. Larcombe, Esquire**

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

**Akerman Senterfitt**

**777 S. Flagler Drive, Suite 900E**

City

**West Palm Beach**

**FL**

Zip Code

**33401**

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

*Valerie G. Larcombe*

**Valerie G. Larcombe** 4/27/00

DATE

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LARCOMBE, VALERIE</b>	
STREET ADDRESS	<b>1309 NORTH FLAGLER DR.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS MCCLOSKEY</b>	
STREET ADDRESS	<b>1309 NORTH FLAGLER DR.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>NASK, FRANK</b>	
STREET ADDRESS	<b>1309 N FLAGLER DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DUTCHER, PHILLIP C</b>	
STREET ADDRESS	<b>1309 NORTH FLAGLER DR.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD Michael Loscalzo</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1309 N. Flagler Drive</b>	
STREET ADDRESS	<b>West Palm Beach, FL 33401</b>	
CITY-ST-ZIP		
TITLE	<b>PD Steven Nathan</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1309 N. Flagler Drive</b>	
STREET ADDRESS	<b>West Palm Beach, FL 33401</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Steven Nathan** 4/27/00 561-650-6201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President and CEO

Daytime Phone #

CR2E037 (9/99)