

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90036 048 \*\*\*158.75

<b>DOCUMENT # P00000051533</b> 1. Entity Name INSTITUTE OF PAIN MANAGEMENT, P.A.					
Principal Place of Business 820 PRUDENTIAL DR 111 JACKSONVILLE, FL 32207			Mailing Address 820 PRUDENTIAL DR 111 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # <b>1325 SAN MARCO BLVD.</b>			3. Mailing Address <b>PO Box 57970</b>		
Suite, Apt. #, etc. <b>STE 4-A</b>			Suite, Apt. #, etc.		
City & State <b>JACKSONVILLE</b>			City & State <b>JACKSONVILLE</b>		
Zip <b>32207</b>		Country <b>DUVAL</b>		Zip <b>32241</b>	
Country <b>DUVAL</b>		4. FEI Number <b>59-3649097</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRILEY, RANDALL E SQ</b> <b>135 PROFESSIONAL DR</b> <b>101</b> <b>PONTE VEDRA BEACH, FL 32082</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLORETE, ORLANDO G JR MD</b> <b>820 PRUDENTIAL DR</b> <b>JACKSONVILLE, FL 32207</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____			6/27/2007 904-737-1838		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000051533

1. Entity Name  
INSTITUTE OF PAIN MANAGEMENT, P.A.



ATTACHMENT

Principal Place of Business  
820 PRUDENTIAL DR  
111  
JACKSONVILLE, FL 32207

Mailing Address  
820 PRUDENTIAL DR  
111  
JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box #  
1325 SAN MARCO BLVD

3. Mailing Address  
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Suite, Apt. #, etc.  
STE. 4-A

Suite, Apt. #, etc.

06272007 Chg-P CR2E034 (12/06)

City & State  
JACKSONVILLE FL

City & State  
JACKSONVILLE

4. FEI Number  
59-3649097

Applied For  
Not Applicable

Zip  
32207

Country  
DUVAL

Zip  
32241

Country  
DUVAL

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

BRILEY, RANDALL E SQ  
135 PROFESSIONAL DR  
101  
PONTE VEDRA BEACH, FL 32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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FLORETE, ORLANDO G JR MD  
820 PRUDENTIAL DR  
JACKSONVILLE, FL 32207 ☐ Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #