2007 FOR PROFIT CORPORATION

FILED Jul 02, 2007 8:00 am

	Dal Place of Business PRUDENTIAL DR SONVILLE, FL 32207 ACKSONVILLE, FL 32207 Country Count				Secret	ary of St	tate	
DOCUMENT # P00000051533 1. Entity Name INSTITUTE OF PAIN MANAGEMENT, P.A.						7 90036 048 ***1:		
Principal Plac	ce of Business	Mailing Address		40.	-			
		820 PRUDENTIAL DR	820 PRUDENTIAL DR					
111					I Ariil Raiil Arin Asmi Ai	DIN BRIDE BILDI KIGBI BARB ILIDA KI	 1 1	
2. Principal Place of Business - No P.O. Box # 1325 SAN MARCO BLVD.								
STE	4-A	Suite, Apt. #, etc.		06272007	Chg-P	CR2E034 (12/06)		
City & State JACKSONVILLE		JACKSONVILLE		4. FEI Numb 59-364		No	oplied For ot Applicable	
3220	7 DUVAL	32241			of Status Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent	Name	/. Name and	Address of New	Registered Agent		
BRILEY, RANDALL E SQ 135 PROFESSIONAL DR				Street Address (P.O. Box Number is Not Acceptable)				
101 PONTE VI	EDRA BEACH, FL 32082							
			City		<u> </u>	FL Zip Cod	e	
8. The above the obliga	a named entity submits this statement for tions of registered agent.	r the purpose of changing its re	gistered office or regis	stered agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE R	Registered Agent signature requ	uired when reinstating)	· .,	DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	Glection Campaigr Trust Fund Contrib	· - 7	5.00 May Be Added to Fees		with s. 607.193(2)(b), I not receive the prior		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D FLORETE, ORLANDO G JR MD 820 PRUDENTIAL DR JACKSONVILLE, FL 32207	☐ Delete	TILLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
		☐ Delete		····		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CHY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition	

SIGNATURE:

4/27/2007 904-737-1838 Date Daytore Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUA	AL REPORT		_		
DOCUMENT # P000000	51533		ASSER	an	
INSTITUTE OF PAIN MANAGEME		ATTACHMENT			
Principal Place of Business	Mailing Address				
820 PRUDENTIAL DR 111	820 PRUDENTIAL DR 111				
JACKSONVILLE, FL 32207	JACKSONVILLE, FL 3220)7	1-100		
2. Principal Place of Business - No P.O. Box # 1325 SAN MARCO BLV		57970	40100	1353	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		0 62 72007 Chg-P	CR2E034 (12/06)	
JACKSONVILLE FZ	JACKSON VII	IE .	4. FEI Number 59-3649097	} + ·	olied For Applicable
Zip Country DUVAL	31241	DUVAL	5. Certificate of Status Desired	\$8.75 Addi Fee Required	tional
6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New I	Registered Agent	
BRILEY, RANDALL E SQ 135 PROFESSIONAL DR 101		Street Address	(F) Box Number is Not Acceptable	e)	
PONTE VEDRA BEACH, FL 32082	./.				
•	- X D) City V	9	FL Zip Code	
The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changing its re	egistered offide or registe	ered agent, or both, in the State of Fl	orida. I am familiar with, a	and accept
SIGNATURE	100	\D			
Signature, typed or printed name of registered a	agent and title if applicable. (NOT)	Regulered Agent signature require	ed when reinstating)	DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	\ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	n Financing \$	5.00 May Be Ided to Fees		
	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	IN 11
NAME FLORETE, ORLANDO GUEL STREETVODRESS 820 PRUDENTIAL DR	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition
OILY-SI-ZIP JACKSONVILLE, FL 32207	Delete	CITY-SI-ZIP TITLE		Change	☐ Addition
NAME	Delete	NAME		Change	Addition
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	The state of the s	☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-S1-ZIP		CITY-ST-ZIP			
TITLE NAME	Delete	TITLE NAME		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee care.	ort is true and accurate and that my empowered to execute this report a	the exemptions contained signature shall have the	e same legal effect as if made under	oath: that I am an officer of	or director
changed, or on an attachment with an addre	ess, with all other like empowered.			ppss.o.i/ olyan 10 01	
SIGNATURE:	OR PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	Date	Daytime Phone #	