

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90295 013 \*\*\*158.75

056674 AV

**DOCUMENT # P00000073712**



1. Entity Name  
**GULFCOAST PAIN PHYSICIANS, P.A.**

Principal Place of Business  
**1219 EAST AVE. SOUTH  
SUITE 102  
SARASOTA FL 34239**

Mailing Address  
**P.O. BOX 15947  
SARASOTA FL 34277-1937**



2. Principal Place of Business  
**1219 East Ave., S.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 308**

City & State  
**Sarasota, FL**

City & State

4. FEI Number **59-3659977**

Applied For  
Not Applicable

Zip  
**34239**

Country  
**US**

Zip  
**34277**

Country

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

**FORTE, ANGELO, Jr.  
5134 NORTHRIDGE RD., SUITE 104  
SARASOTA FL 34238**

Name **Angelo Fonte, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5134 Northridge Rd., Suite 104**  
City **Sarasota,** **FL** Zip Code **34238**

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)

03/29/2003

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State.**

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 **D** ☐ Delete  
NAME **FORTE, ANGELO, Jr.**  
STREET ADDRESS **5134 NORTHRIDGE RD., SUITE 104**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☒ Change ☐ Addition  
NAME **Angelo Fonte, Jr.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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NAME  
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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 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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/2003; 941-366-2800

Date

Daytime Phone #

CR2E034 (10/02)