


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90187 026 ***150.00

DOCUMENT # P00000111001	
1. Entity Name PAIN MEDICINE CONSULTANTS OF FLORIDA, P.A.	

Principal Place of Business 4054 BEAVER LANE #7 PORT CHARLOTTE, FL 33952	Mailing Address 4054 BEAVER LANE #7 PORT CHARLOTTE, FL 33952
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50036325

2. Principal Place of Business		3. Mailing Address P.O. Box 510626	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Punta Gorda FL	
Zip	Country	Zip	Country
		33950	Charlotte



03032005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1061703	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAPLAN, HAROLD E 1515 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent	
		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	D POLLIZZI, ANTHONY 4054 BEAVER LANE #7 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 510626 Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: _____ **4-7-05** **941-575-8227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #