


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

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 P O BOX 510626 PUNTA GORDA, FL 33950
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DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CRZE034 (11/05)

4. FEI Number 65-1061703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

KAPLAN, HAROLD E
1515 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

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9. 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 registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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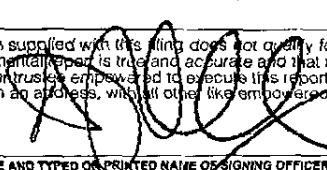
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLLIZZI, ANTHONY P O BOX 510626 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/02/06-80050-003 150.00

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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, who is all other like empowered.

SIGNATURE:  **Anthony Pollizzi** 4-17-06 941-575-8227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #