

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000115046	
1. Entity Name THE GUTMAN PAIN/ACCIDENT CENTER, INC.	

Principal Place of Business 711 W. COLONIAL DRIVE ORLANDO, FL 32804	Mailing Address 711 W. COLONIAL DRIVE ORLANDO, FL 32804
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 52-2284428	Applied For ☐ Not Applied
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTMAN, E. MICHAEL 711 W. COLONIAL DRIVE ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE

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.

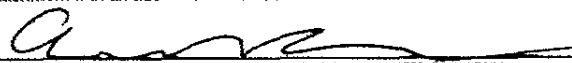
SIGNATURE _____
Signature, located on the back of registered agent's and the face of the certificate, registered agent's signature required on the certificate. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D GUTMAN, E. MICHAEL 711 W. COLONIAL DRIVE ORLANDO, FL 32804
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U000000149178 05/03/04-80177-015 150.00
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a other fee empowered.

SIGNATURE:  **4/30/04** **407-999-0051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MONTH-YEAR