

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000059837 1. Entity Name DEMETREE PAIN GROUP, INC.	
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Principal Place of Business 1750 W. BROADWAY ST STE 108 OVIEDO, FL 32765	Mailing Address 1750 W. BROADWAY ST STE 108 OVIEDO, FL 32765
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3744356	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEMETREE, DAVID DR
1750 W. BROADWAY ST STE 108
OVIEDO, FL 32765**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEMETREE, DAVID DR 1750 W. BROADWAY ST STE 108 OVIEDO, FL 32765
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DEMETREE, ROBERT DR 1750 W. BROADWAY ST STE 108 OVIEDO, FL 32765
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEMETREE, MATT DR 1750 W. BROADWAY ST STE 108 OVIEDO, FL 32765
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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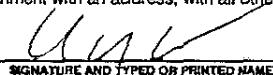
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/16/04-80037-017 158.75

**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)(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:


Dr. David A. Demetree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-Jan-04

Date

(407) 977-7233

Daytime Phone #