

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000072763

1. Corporation Name

COMPLETE PAIN MANAGEMENT, P.A.

Principal Place of Business

4400 BAYOU BLVD., STE. 160
PENSACOLA FL 32503

Mailing Address

4400 BAYOU BLVD., STE. 160
PENSACOLA FL 32503

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8333 N Davis Hwy

3. New Mailing Office Address, If Applicable

PO Box 30470

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Dr. Jeffrey Cox, MD

Attn: Dr. Jeffrey Cox, MD

City & State

City & State

Pensacola, FL

Pensacola, FL

Zip

Zip

32514

Country

USA

32503

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/2001

5. FEI Number

59-3733745

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COX, JEFFREY M	4400 BAYOU BLVD., STE. 160 8333 N Davis Hwy	PENSACOLA FL 32503 32514

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, JAMES S

3 WEST GARDEN ST., STE. 700
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 (850) 474 8749

Date

Daytime Phone #



The PM Group • Gulf Coast, Inc.

Page 2 of 2

October 23, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Complete Pain Management, P.A.
Uniform Business Report 2002
Involuntary Dissolution by State of Florida

Dear Sir or Madam:

The above taxpayer has informed this office that the Florida Department of State has dissolved Complete Pain Management, P.A. for incomplete filing of their Uniform Business Report for 2002. Complete Pain Management is understandably distressed and confused by this action, and our response on their behalf follows.

Submitted with this letter are copies of previous correspondence on this matter, dated July 30, 2002. Included with that letter was check #1250, and a copy of that cancelled check is also attached. Complete Pain Management received no response to this letter and payment until the State's notice in October that the corporation had been involuntarily dissolved. Having received no previous response from the Division of Corporations, and since their payment check cleared the bank in August, Complete Pain Management had assumed that their request for abatement had been granted and the matter was resolved. This apparently is not the case.

Upon receiving word of this dissolution in October, Complete Pain Management, P.A. contacted the Division of Corporations for clarification. They were informed at that time that the corporation's Federal Identification number was missing from the filed Uniform Business Report. We have supplied a copy of an IRS letter verifying this number as 59-3733745, and are hopeful that this will help resolve this issue.

It is still the position of our client that the original filing was made timely in good faith though incomplete, and was simply lost in transit. Complete Pain Management, P.A. complied with the rules for filing when the report was still outstanding, and made proper payment, a payment which was accepted by the Department of State. On behalf of our client, we respectfully request that the State also accept the original request for waiver of penalty and that Complete Pain Management's corporation be reinstated as soon as possible.

We appreciate your consideration of this request, and apologize for any inconvenience this request may cause.

Sincerely,
P.M. Group - Gulf Coast, Inc.


Tim Bishop