


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90011 011 ***150.00

DOCUMENT # P01000072763 1. Entity Name COMPLETE PAIN MANAGEMENT, P.A.					
Principal Place of Business 8333 N. DAVIS HIGHWAY ATTN: DR. JEFFREY COX, MD PENSACOLA, FL 32514 US			Mailing Address P.O. BOX 30470 ATTN DR: JEFFREY COX, M.D. PENSACOLA, FL 32503		
2. Principal Place of Business 545 Brent Lane		3. Mailing Address Suite, Apt. #, etc.			
City & State PENSACOLA FLA		City & State			
Zip 32503		Country Escambia		4. FEI Number 59-3733745	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAMPBELL, JAMES S. 3 WEST GARDEN ST., STE. 700 PENSACOLA, FL 32501			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 COX, JEFFREY M 8333 N. DAVIS HIGHWAY PENSACOLA, FL 32514 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: _____ 2-11-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					