

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000073574

1. Entity Name
PAINCARE SURGERY CENTERS, INC.



Principal Place of Business
37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO, FL 32801

Mailing Address
37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO, FL 32801

FILED
04 FEB 20 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3740616

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, E. NICHOLAS III
2710 REW CIRCLE, SUITE 100
OCOCCE, FL 34761

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DTS
SZPORKA, MARK
37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
LUBINSKY, RANDY
37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200029125492
02/20/04--01028--033 **1450.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
JAY ROSEN
11811 N. DALE MABRY HWY.
TAMPA, FL 33619 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

Daytime Phone #

(407) 926-6616