

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90596 001 *2,700.00

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**

66012455



2. Principal Place of Business
1030 N. Orange Ave.

3. Mailing Address
1030 N. Orange Ave.

Suite, Apt. #, etc.
SUITE 105

Suite, Apt. #, etc.
SUITE 105

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32801

Country
US

Zip
32801

Country
US

04202005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3740616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **DAVIS, E. NICHOLAS III**

Street Address (P.O. Box Number is Not Acceptable)
12200 W. COLONIAL DRIVE

SUITE 303

City **WINTER GARDEN**

FL

Zip Code
34787

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE **P** ☒ Delete
NAME **ROSEN, JAY**
STREET ADDRESS **11811 N DALE MABRY HWY**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1030 N. Orange Ave, SUITE 105**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1030 N. Orange Ave, SUITE 105**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **LINDA DINGMAN**
CITY-ST-ZIP **1030 N. Orange Ave, SUITE 105**
Orlando, FL 32801

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

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

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

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: **Mark Szporka** **MARK SZPORKA**

4/20/05

407-367-0944

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #