

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000090164 1. Entity Name ALL FLORIDA PAIN MANAGEMENT, INC	
---	---

Principal Place of Business 301 CAMINO GARDENS BLVD 201 BOCA RATON, FL 33432	Mailing Address 301 CAMINO GARDENS BLVD 201 BOCA RATON, FL 33432
---	---



07052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEB Number 41-2055761	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SENCER, MARC 301 CAMINO GARDENS BLVD 201 BOCA RATON, FL 33432

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000168758

07/29/04-80006-007 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARC SENCER, 2184 APPALOOSA TRAIL WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ESCOBAR, XAVIER 401 DENNY COURT BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

Marc Sencer Marc Sencer President

Date

Daytime Phone #

7/24/04 9547866057