2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000090164

1. Entity Name
ALL FLORIDA PAIN MANAGEMENT, INC

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

DO NOT WRITE IN THIS SPACE

03192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
41-2055761	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

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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

lln0000288741
04/05/05-80022-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARC SENCER,
STREET ADDRESS	2184 APPALOOSA TRAIL
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	SEC
NAME	ESCOBAR, XAVIER
STREET ADDRESS	401 DENNY COURT
CITY-ST-ZIP	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 H Spencer_   3/29/05   954 7866051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #