

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**



03272007

No Chg-P

CR2E034 (11/05)

4. FEI Number

41-2055761

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

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**

U000000717742  
04/30/07-80060-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #