

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90195 049 ***150.00

DOCUMENT # **P02000096558**

1. Entity Name

**Pain Management Group of
S. Florida, Inc.**



Principal Place of Business

**3837 Hollywood Blvd.
Hollywood, FL 33021**

Mailing Address

**3837 Hollywood Blvd
Hollywood, FL 33021**

24070701



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number

02-0641320

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

**BONNEAU, DENNIS H DC
3837 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **Dennis H. Bonneau**
STREET ADDRESS **1208 NW 144 TERRACE**
CITY-ST-ZIP **PEMBROKE, PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis H. Bonneau 4-30-04 954-986-0770

Attachment
2400001

www.sunbiz.org

Division of Corporations

Annual Report

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Document Number
P02000096558

Business Entity Name

PAIN MANAGEMENT GROUP OF S. FLORIDA, INC.

FEI Number

020641320

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

3837 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City, State

HOLLYWOOD

FL

Zip Code & Country

33021

Mailing Address

Address

3837 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City, State

HOLLYWOOD

FL

Zip Code & Country

33021

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BONNEAU

DENNIS

H

-or- RA Business Name

Address

3837 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City, State

HOLLYWOOD

FL

Zip Code & Country

33021

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature