

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 20 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000100509

1. Entity Name  
PAINCARE HOLDINGS, INC.



Principal Place of Business  
37 NORTH ORANGE AVE.  
SUITE 500  
ORLANDO, FL 32801

Mailing Address  
37 NORTH ORANGE AVE.  
SUITE 500  
ORLANDO, FL 32801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-P

CR2E034 (10/03)

4. FEI Number  
06-1110906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEOD  
LUBINSKY, RANDY  
37 NORTH ORANGE AVE. STE 500  
ORLANDO, FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
700029125517  
02/20/04--01028--033 \*\*1450.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CFO  
SZPORKA, MARK  
37 NORTH ORANGE AVE. STE 500  
ORLANDO, FL 32801 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
ROSEN, JAY DR  
37 NORTH ORANGE AVE. STE 500  
ORLANDO, FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
RONALD RIEWOLD  
SAME ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ROTHBART, PETER DR  
37 NORTH ORANGE AVE. , SUITE 500  
ORLANDO, FL 32801 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
REUTER, MERRILL DR  
37 NORTH ORANGE AVE. , SUITE 500  
ORLANDO, FL 32801 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HUDSON, ARTHUR J  
37 NORTH ORANGE AVE. , SUITE 500  
ORLANDO, FL 32801 ☐ Delete

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

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

MARK SZPORKA

2/2/04

Date

407-926-6615

Daytime Phone #