

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90051 050 ***150.00

DOCUMENT # P03000032724

1. Entity Name

**FLORIDA PAIN MEDICINE ACCREDITATION AND
STANDARDS, INC.**



Principal Place of Business

7008 S.W. 30TH WAY
GAINESVILLE FL 32608

Mailing Address

7008 S.W. 30TH WAY
GAINESVILLE FL 32608

2. Principal Place of Business

46 Coral Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 330298

Suite, Apt. #, etc.

City & State

Atlantic Beach FL

City & State

Atlantic Beach FL

Zip

32233

Country

USA

Zip

32233-0298

Country

USA

4. FEI Number

06-1698193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DAVIS, LORRY S
7008 S.W. 30TH WAY
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

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

46 Coral Street

City

Atlantic Beach

FL

Zip Code

32233

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

Lorry S. Davis, Trustee

Lorry S Davis

2/9/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JAY, GARY W	
STREET ADDRESS	126 BENTREE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINETSKY, FELIX S	
STREET ADDRESS	36472 US HIGHWAY 19 N	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 N University Dr #101	
STREET ADDRESS	Tamarac FL 33321	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lorry S Davis

LORRY S DAVIS

2/9/04

904 270 8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #