

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032724

FILED
Mar 29, 2005
Secretary of State

Entity Name: FLORIDA PAIN MEDICINE ACCREDITATION AND STANDARDS, INC.

Current Principal Place of Business:

46 CORAL ST.
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

205 WALNUT ST - UP
NEPTUNE BEACH, FL 32266

Current Mailing Address:

PO BOX 330298
ATLANTIC BEACH, FL 322330298

New Mailing Address:

FEI Number: 06-1698193 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIS, LORRY S
46 CORAL ST.
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

DAVIS, LORRY S
205 WALNUT ST - UP
NEPTUNE BEACH, FL 32266 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

03/29/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAY, GARY W
Address: 7777 N. UNIVERSITY DR. #101
City-St-Zip: TAMARAC, FL 33321 US

Title: S () Delete
Name: LINETSKY, FELIX S
Address: 36472 US HIGHWAY 19 N
City-St-Zip: PALM HARBOR, FL 34684 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAY, GARY W
Address: 10219 NW 52 ST
City-St-Zip: CORAL SPGS, FL 33076 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRY S. DAVIS

Electronic Signature of Signing Officer or Director

PRES

03/29/2005

Date