2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/25

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-25-2004 90002 017 ***150.00

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05042004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000036463

1. Entity Name
ORLANDO PAIN AND MEDICAL CENTER, INC.

Principal Place of Business
5841-A DAHLIA DRIVE
ORLADNO, FL 32807-3238

Mailing Address
PO BOX 570007
ORLANDO, FL 32857-0007

2. Principal Place of Business
1936 MARTIN LUTHER KING BLVD.
Suite, Apt. #, etc.
STE. # 101
City & State
TAMPA, FL 33607
Zip 33607
Country U.S.A.

3. Mailing Address
1936 MARTIN LUTHER KING BLVD.
Suite, Apt. #, etc.
STE. # 101
City & State
TAMPA, FL.
Zip 33607
Country U.S.A.

4. FEI Number 56-2379520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ESTRADA, JOSEPH T
9509 N. HYALEAH ROAD
TAMPA, FL 33617

7. Name and Address of New Registered Agent
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD ☐ Delete
NAME	ESTRADA, JOSEPH T
STREET ADDRESS	5841-A DAHLIA DRIVE
CITY-ST-ZIP	ORLADNO, FL 328073238
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF ABOVE OFFICER OR DIRECTOR

05/21/04 (813) 871-1355
Date Daytime Phone #