

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90028 038 ***158.75

DOCUMENT # P03000036463

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



Principal Place of Business Mailing Address
1936 MARTIN LUTHER KING BLVD - STE #101 1936 MARTIN LUTHER KING BLVD - STE #101
TAMPA, FL 33607 TAMPA, FL 33607

50058963



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07142005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
56-2379520 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 **N/A**
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 **JOSEPH T. ESTRADA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/25/05

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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 **ORLANDO, 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

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

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: **JOSEPH T. ESTRADA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/05 (813) 323-1185

Date Daytime Phone #



ATTACHMENT
50058963

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 14, 2005

ORLANDO PAIN AND MEDICAL CENTER OF TAMPA, INC
1936 MARTIN LUTHER KING BLVD - STE #101
TAMPA, FL 33607

SUBJECT: ORLANDO PAIN AND MEDICAL CENTER OF TAMPA, INC
Ref. Number: P03000036463

We have received your check(s) totaling \$158.75; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 705A00046477