FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90003 026 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000106585

1. Entity Name
THE PAIN & SURGERY CENTER OF NORTHWEST FLORIDA, P.A.

54066375

Principal Place of Business	Mailing Address
2001 SPRINGHILL AVE MOBILE, AL 36607	2001 SPRINGHILL AVE MOBILE, AL 36607

07272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5500 North Davis Hwy			
Suite, Apt. #, etc.: Suite 2		Suite, Apt. #, etc.	
City & State: Pensacola FL		City & State	
Zip: 32503	Country: USA	Zip	Country

4. FEI Number: 20-0233847 ☐ 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
CAPITAL CONNECTION, INC. 417 EAST VIRGINIA STREET STE 1 TALLAHASSEE, FL 32301	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COUCH, JOHN P		NAME		
STREET ADDRESS	2001 SPRINGHILL AVE		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36607		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] John P. Couch M.D. (President) 07/29/04 251-478-4900 ext 112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #