

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90071 008 \*\*\*150.00

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1. Corporation Name

UNIVERSITY PAIN THERAPY, P.A.

Principal Place of Business

3500 E. FLETCHER  
STE 121  
TAMPA FL 33613  
US

Mailing Address

730 S STERLING AVE  
302  
TAMPA FL 33609  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1994

4. FEI Number

59-3260110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HANEY, R. REID  
101 E KENNEDY BLVD.  
SUITE 4100  
TAMPA FL 33602~~

81 Name GUY SWARTZ, J.D., Dept. of Anesthesiology

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

3100 E. Fletcher Avenue

83

84 City Tampa

FL

85 Zip Code 33613

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Gary Swartz, J.D.

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

(NOTE: Registered Agent signature required when reinstating)

3-31-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME GREENBERGER, ROBERT A  
STREET ADDRESS 3100 E FLETCHER AVE  
CITY-ST-ZIP TAMPA FL 33613

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LONG, FRANK  
STREET ADDRESS 3100 E FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL 33613

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME GLIANETTI, RICHARD  
STREET ADDRESS 3100 E FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SILVER, RICHARD B  
STREET ADDRESS 3100 E FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL 33613

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME BECKENSTEIN, CHARLES R  
STREET ADDRESS 3100 E FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME LONGBOTTOM, WARD G  
STREET ADDRESS 3100 E FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-31-99

979-7914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)