

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0518000 AV

DOCUMENT # P94000059989

1. Entity Name

PAIN MEDICINE ASSOCIATES, P.A.

03-03-2002 90108 010 ***150.00

Principal Place of Business

**C/O LYNN R. FASSY, M.D.
 3945 CLARK ROAD
 SARASOTA FL 34233
 US**

Mailing Address

**C/O LYNN R. FASSY, M.D.
 3945 CLARK ROAD
 SARASOTA FL 34233
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0511549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FASSY, LYNN
 1921 WALDEMER
 STE 313
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name
Fassy, m.d. Lynn R.
 Street Address (P.O. Box Number is Not Acceptable)
3945 Clark Road
 City **Sarasota** FL Zip Code **34233**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

Lynn R Fassy, MD DPST

2-12-02

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
 NAME **FASSY, LYNN**
 STREET ADDRESS **3945 CLARK RD.**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **DPST** ☒ Change ☐ Addition
 NAME **Fassy, m.d. Lynn R.**
 STREET ADDRESS **3945 Clark Road**
 CITY-ST-ZIP **Sarasota, FL 34233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn R. Fassy, MD DPST 2-12-02 941-923-2500
 Date Daytime Phone #

CR2E034 (9/01)