

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91018 049 ***150.00

DOCUMENT # P94000059989

1. Entity Name

PAIN MEDICINE ASSOCIATES, P.A.



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

34042004



MOORE CR2E034 (11/03)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FASSY, LYNN R MR
3945 CLARK ROAD
SARASOTA FL 34233

Name

Lynn R. Fassy, M.D.

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. 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

Lynn R. Fassy, MD

4-23-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME FASSY, LYNN R MD
STREET ADDRESS 3945 CLARK RD
CITY-ST-ZIP SARASOTA FL 34233

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

TITLE ☐ Delete
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

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lynn R. Fassy, MD

4-23-04

941-923-2500