

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91207 011 \*\*\*150.00

DOCUMENT # **P94 000040242** ✓

1. Entity Name

**Emerald Coast Pain Center, Incorporated**

**DO NOT WRITE IN THIS SPACE**

**B0124539**

2. Principal Place of Business

**3627 Transmitter Road**

Suite, Apt. #, etc.

3. Mailing Address

**3627 Transmitter Road**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Panama City, Florida**

City & State

**Panama City, Florida**

4. FEI Number

**54-3261351**

Applied For

Not Applicable

Zip

**32404-9799**

Country

**Bay**

Zip

**32404-9799**

Country

**Bay**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$91.25**

**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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Dunfee, John Q MD  
3627 Transmitter Rd  
Panama City, FL 32404-9799**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

**John Q. Dunfee** **31 May 02** **(850) 769-4766**

CR2E034B (12/01)