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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000020841 (9) **DOCUMENT #**

PAIN MANAGEMENT ASSOCIATES, P.A.



Principal Place	of Business	Mailing Address		-					
375 S. COURTNEY PARKWAY 375 S. COURTNEY PAR MERRITT ISLAND FL 32752 MERRITT ISLAND FL 32									
			····			3. Date Incorporated or Qualified 03/13/1995	3a. Date	of Last R	eport
· ·	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt	# atc	26 Cuito Ant # ata				59-3312644			Not Applicable
City & State		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
23		City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zφ	Country	<i>Ζ</i> φ	F	untry		8. This corporation has liability for in	ntangible tax	under s	199.032,
24	25 Name and Address of Current	29 Pagistared Asset	30	r		Fiorida Statutes Yes	No		
	9. Name and Address of Current	negistereo Agent		81 Na		10. Name and Address of New Ro	egistered A	gent	
1 66/10	MARTT BEARING			OI Na	ame				
LEFKOWITZ, IVAN M 430 N. MILLS AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)					
	NDO FL 32803		83				·		
				84 Ci	ty		F-1	85 Zı	p Code
11. Pursuant to	o the provisions of Sections 607 0509	and 607 1508 Florid LSt.	itae the abo	L L	val experience	tion submits this statement for the purp		<u> </u>	
	ed agent, or both, in the State of Florida h, and accept the obligations of, Sectic			corporati	on's board	non submits this statement for the purp I of directors. I hereby accept the appo	intment as r	egistered	agent. I am
	Signature, typical or princed painle of registered agent a		MOTE REJSTORE	nt syn. کران	rim rapa da	when hearstatings	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTO	RS IN 12
TIFLE	PD	☐ DELETE	1 1 1] Change	☐ Addition
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certify that the information supplied with this lining is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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.

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

Daytine Phone #