

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90031 017 ***150.00

DOCUMENT # P95000078284	
1. Entity Name FLORIDA PAIN MANAGEMENT PHYSICIANS, P.A.	

Principal Place of Business 5319 GRAND BLVD NEW PORT RICHEY FL 34652	Mailing Address 5319 GRAND BLVD NEW PORT RICHEY FL 34652
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1209 Suite, Apt. #, etc.
---	---

City & State New Port Richey, FL	4. FEI Number 11-3293786	Applied For ☐ Not Applicable
Zip 34652-1209	Country Parco	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent ERNST, BRUCE R 5319 GRAND BLVD NEW PORT RICHEY FL 34652	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P ERNST, BRUCE R 5319 GRAND BLVD NEW PORT RICHEY FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ST ERNST, PETER S 5319 GRAND BLVD NEW PORT RICHEY FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Peter S. Ernst **S-T Peter S. Ernst** **2-5-04 (727) 849-5502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #