

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 05, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000061581

1. Entity Name
PAIN TREATMENT SPECIALISTS, INC.

Principal Place of Business 300 N.W. 5TH STREET., SUITE 312 OKEECHOBEE FL 34972	Mailing Address 300 N.W. 5TH STREET., SUITE 312 OKEECHOBEE FL 34972
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
93-1220510
 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

COEL MARK AESQ.
 2700 SOUTH COMMERCE PARKWAY
 SUITE 305
 WESTON FL 333310000 US

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.

SIGNATURE _____ DATE **07/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STIEFEL ROBERT M.D. <input type="checkbox"/> Delete 6575 NW 33RD AVE BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID LEVINE MARC M.D. <input type="checkbox"/> Delete 3500 SW CENTRE COURT PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID STIEFEL ROBERT M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6575 NW 33RD AVE BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEVINE MARC M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3500 SW CENTRE COURT PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marc I Levine, MD **VSD** 07/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)