

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

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**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 AgentCOEL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/05/2001

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIEFEL ROBERT M.D.	
STREET ADDRESS	6575 NW 33RD AVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE MARC M.D.	
STREET ADDRESS	3500 SW CENTRE COURT	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)