

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATION
--	---	---

DOCUMENT # P96000067366 (0)

1. Corporation Name

PALM BEACH PAIN MEDICINE, P.A.



Principal Place of Business

111-A JFK DR
ATLANTIS FL 33462

Mailing Address

111-A JFK DR → 109-C JFK Dr.
ATLANTIS FL 33462-1119

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 109-C J.F.K Drive

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

33462-1119 P. Bch

3. Date Incorporated or Qualified

08/12/1996

3a. Date of Last Report

4. FEI Number

65-0691567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REINSTEIN, JOEL
5355 TOWN CENTER RD
SUITE 801
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DELERSON, GARY J M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ DELETE

NAME GORFINE, LAWRENCE M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ DELETE

NAME CASKEY, WILLIAM M M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ DELETE

NAME ABADIA, ANTONIO M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ DELETE

NAME COLE, JAMES C M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ DELETE

NAME ROSENBERG, ALAN L M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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; 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 or changed on an attachment with an address.

SIGNATURE:

LAWRENCE GORFINE, M.D.
DIRECTOR/PRESIDENT

2/6/97 (561)968-2995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)