

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067366 (0)

1. Corporation Name

PALM BEACH PAIN MEDICINE, P.A.

Principal Place of Business

Mailing Address

111-A JFK DR
ATLANTIS FL 33462

109C JFK DR
ATLANTIS FL 33462
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	5507 South Congress Ave	26	5507 South Congress Ave
Suite, Apt. #, etc. 130		Suite, Apt. #, etc. 130	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
22	Zip 33462	27	Country
23	Country	28	Country
24	33462	29	33462
25		30	

3. Date Incorporated or Qualified	
08/12/1996	
4. FEI Number	Applied For
65-0691567	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REINSTEIN, JOEL		81 Name	
5355 TOWN CENTER RD		82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 801		83	
BOCA RATON FL 33486		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLERSON, GARY J M.D.	1.2 NAME	
STREET ADDRESS	109-C JFK CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORFINE, LAWRENCE M.D.	2.2 NAME	
STREET ADDRESS	109-C JFK CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASKEY, WILLIAM M M.D.	3.2 NAME	
STREET ADDRESS	109-C JFK CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABADIA, ANTONIO M.D.	4.2 NAME	
STREET ADDRESS	109-C JFK CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, JAMES C M.D.	5.2 NAME	
STREET ADDRESS	109-C JFK CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, ALAN L M.D.	6.2 NAME	
STREET ADDRESS	109-C JFK CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	6.4 CITY-ST-ZIP	

14. 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 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 incorporator 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

2-2-98 (FL) 968-2005

CR2E034 (10/97)