

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90096 045 ***150.00

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1. Corporation Name

PALM BEACH PAIN MEDICINE, P.A.

Principal Place of Business

5507 SOUTH CONGRESS AVE
130
LAKE WORTH FL 33462
US

Mailing Address

5507 SOUTH CONGRESS AVE
130
LAKE WORTH FL 33462
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/12/1996

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

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 D ☐ DELETE

NAME DELERSON, GARY J M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

TITLE D ☒ DELETE

NAME GORFINE, LAWRENCE M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

TITLE D ☐ DELETE

NAME CASKEY, WILLIAM M M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

TITLE D ☐ DELETE

NAME ABADIA, ANTONIO M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

TITLE D ☐ DELETE

NAME COLE, JAMES C M.D.

STREET ADDRESS 109-C JFK CIR

CITY-ST-ZIP ATLANTIS FL 33462

TITLE D ☐ 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 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 reports 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM M. CASKEY
PRESIDENT, PBPM
Date

Date

Daytime Phone #

CR2E034 (11/98)

0353954