2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067366

1. Entity Name

PALM BEACH PAIN MEDICINE, INC.

FILED

00 JAN 31 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5507 SOUTH CONGRESS AVE 130 LAKE WORTH FL 33462 US	5507 SOUTH CONGRESS AVE 130 LAKE WORTH FL 33462-1139 US

DO NOT WRITE IN THIS SPACE

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 65-0691567 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

STEVE ROBBINS ESQ
6334 FOSTER ST SUITE 100
JUPITER, FL.
33458

7. Name and Address of New Registered Agent

Name STEVE ROBBINS ESQ

Street Address (P.O. Box Number is Not Acceptable) 6334 FOSTER ST. SUITE 100

City JUPITER FL Zip Code 33458

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.

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-02/03/00--01014--005
****150.00 ****150.00

SIGNATURE STEVE ROBBINS ESQ DATE

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELLERSON, GARY J M.D. 109-C JFK CIR ATLANTIS FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SECRETARY T TREASURER 5507 S. CONGRESS AVE ATLANTIS FL SUITE GARY D. CARROLL 33462	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASKEY, WILLIAM M M.D. 109-C JFK CIR ATLANTIS FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRESIDENT GARY D. CARROLL 5507 S. CONGRESS AVE SUITE 130 ATLANTIS FL 33462	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABADIA, ANTONIO M.D. 109-C JFK CIR ATLANTIS FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLE DIRECTOR GARY D. CARROLL 5507 S. CONGRESS AVE SUITE 130 ATLANTIS, FL 33462	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, JAMES C M.D. 109-C JFK CIR ATLANTIS FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CHAIRMAN GARY D. CARROLL 5507 S. CONGRESS AVE SUITE 130 ATLANTIS FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENBERG, ALAN L M.D. 109-C JFK CIR ATLANTIS FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MANAGING DIRECTOR GARY D. CARROLL 5507 S. CONGRESS AVE. SUITE 130 ATLANTIS, FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P GARY D. CARROLL PRESIDENT DIRECTOR (SOLE)~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VICE PRESIDEN GARY D. CARROLL 5507 S. CONGRESS AVE. SUITE 130 ATLANTIS FL 33462	☐ Change ☒ 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: GARY D. CARROLL PRES. + DIR. 1-10-2000 LS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #