

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90047 020 ***150.00

DOCUMENT # P97000020632

1. Entity Name
 FLORIDA PAIN & ANESTHESIA CONSULTING, INC.

Principal Place of Business Mailing Address
 1996 Kingsley Ave 2707 Admirals Walk Dr E
 Orange Park, FL 32073 Orange Park, FL 32073
 US US

00049229

Principal Place of Business 3. Mailing Address
 1996 Kingsley Ave
 Suite, Apt. #, etc.

City & State City & State
 Orange Park, FL
 Zip Country
 32073 U.S.A.

4. FEI Number Applied For
 59-3459084 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR.
 2301 PARK AVENUE # 406
 ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be
 Trust Fund Contribution Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P Gear, Harold E 2707 Admirals Walk Dr. E Orange Park, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 904-215-1160

CR2E034 (9/99)