

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000020632

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

Principal Place of Business
1996 KINGSLEY AVENUE
ORANGE PARK FL 32073 US

Mailing Address
2707 ADMIRALS WALK DR E
ORANGE PK FL 32073 US

2. Principal Place of Business
1895 KINGSLEY AVENUE

3. Mailing Address
2558 ADMIRALS WALK DR S

Suite, Apt. #, etc.
SUITE 903

Suite, Apt. #, etc.

City & State
ORANGE PARK FL

City & State
ORANGE PK FL

Zip Country
32073 US

Zip Country
32073 US

4. FEI Number
59-3459084

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOLSON JOHN FJR.
2301 PARK AVENUE
#406
ORANGE PARK FL 32073 US

7. Name and Address of New Registered Agent

Name
TOLSON JOHN FJR.
Street Address (P.O. Box Number is Not Acceptable)
462 KINGSLEY AVE
#101
City ORANGE PARK FL Zip Code 32073

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.

SIGNATURE _____ DATE 04/26/2001
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, 2001 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

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32073	Delete
		GEAR HAROLD E	2707 ADMIRALS WALK DR E	ORANGE PK	FL	32073	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32073	Change	Addition
		GEAR HAROLD E	2558 ADMIRALS WALK DR S	ORANGE PK	FL	32073	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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: Harold E. Gear

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)