FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90612 031 ***150.00

DOCUMENT # P97000020632

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

DO NOT WRITE IN THIS SPACE

851819

2. Principal Place of Business	3. Mailing Address
1895 KINGSLEY AVE	
Suite, Apt. #, etc. SUITE 903	Suite, Apt. #, etc.
City & State ORANGE PARK FL	City & State
Zip 32073 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3459084 Appl. Not A.

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

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7. Name and Address of Current Registered Agent
Name TOLSON, JOHN F. JR.
Street Address (P.O. Box Number is Not Acceptable) 462 KINGSLEY AVE
SUITE 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Added to

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	HAROLD E. GEAR	NAME	
STREET ADDRESS	2558 ADMIRALS WALK DR. S.	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 4/30/02 904-276-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #