

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**  
 04-14-2000 90006 024 \*\*\*150.00

**DOCUMENT # P97000084858**

1. Entity Name  
**WEST FLORIDA PAIN TREATMENT CENTERS, P.A.**

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Principal Place of Business      Mailing Address

2010 59TH STREET WEST      2010 59TH STREET WEST  
 SUITE 4100      SUITE 4100  
 BRADENTON FL 34209      BRADENTON FL 34209-5532



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**6015 Pointe West Blvd**      **6015 Pointe West Blvd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**# 100**      **# 100**

City & State      City & State

**Bradenton, FL**      **Bradenton FL**

Zip      Country      Zip      Country

**34209**      **USA**      **34209**      **USA**

4. FEI Number      65-0788650      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILONAS, TASO M**  
**240 S PINEAPPLE AVENUE**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name  
**Michelle Brown**

Street Address (P.O. Box Number is Not Acceptable)  
**6015 Pointe West Blvd**

**Bradenton FL**

City      FL      Zip Code  
**34209**

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 **Michelle Brown**      DATE **3/9/00**

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

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BALL, CLAYTON G</b>            |  |
| STREET ADDRESS | <b>2010 59TH ST W, SUITE 4100</b> |  |
| CITY-ST-ZIP    | <b>BRADENTON FL 34209</b>         |  |
| TITLE          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>YESKETT, JAMES R</b>           |  |
| STREET ADDRESS | <b>2010 59TH ST W, SUITE 4100</b> |  |
| CITY-ST-ZIP    | <b>BRADENTON FL 34209</b>         |  |
| TITLE          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>JENKINS, RICHARD A</b>         |  |
| STREET ADDRESS | <b>2010 59TH ST W, SUITE 4100</b> |  |
| CITY-ST-ZIP    | <b>BRADENTON FL 34209</b>         |  |
| TITLE          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LEVELLE, J. PATRICK</b>        |  |
| STREET ADDRESS | <b>2010 59TH ST W, SUITE 4100</b> |  |
| CITY-ST-ZIP    | <b>BRADENTON FL 34209</b>         |  |
| TITLE          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>COOPER, C. MORGAN</b>          |  |
| STREET ADDRESS | <b>2010 59TH ST W, SUITE 4100</b> |  |
| CITY-ST-ZIP    | <b>BRADENTON FL 34209</b>         |  |
| TITLE          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DEFREITAS, EDWARD A</b>        |  |
| STREET ADDRESS | <b>2010 59TH ST W, SUITE 4100</b> |  |
| CITY-ST-ZIP    | <b>BRADENTON FL 34209</b>         |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>President</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Michelle Brown</b>        |  |
| STREET ADDRESS | <b>6015 Pointe West Blvd</b> |  |
| CITY-ST-ZIP    | <b>Bradenton, FL 34209</b>   |  |
| TITLE          | <b>Vice President</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | <b>Secretary/Treasurer</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Glenn Paige</b>           |  |
| STREET ADDRESS | <b>6015 Pointe West Blvd</b> |  |
| CITY-ST-ZIP    | <b>Bradenton FL 34209</b>    |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

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: **Michelle Brown**      DATE **3/9/00**      DAYTIME PHONE # **941 792 2251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)