

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91488 045 ***150.00

DOCUMENT # P97000084858

1. Entity Name

WEST FLORIDA PAIN TREATMENT CENTERS, P.A.

Principal Place of Business

**6015 POINTE WEST BLVD
 #100
 BRADENTON FL 34209
 US**

Mailing Address

**6015 POINTE WEST BLVD
 #100
 BRADENTON FL 34209
 US**

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

65-0788650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BROWN, MICHELLE
 6015 POINTE WEST BLVD
 BRADENTON FL 34209**

7. Name and Address of New Registered Agent

Name

Stam W. Stathis, CPA

Street Address (P.O. Box Number is Not Acceptable)

1301 Sixth Ave West, Suite 600

City

Bradenton

FL

Zip Code

34205

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

4/11/02

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, 2002 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	<input type="checkbox"/> Delete
NAME	BROWN, MICHELLE	
STREET ADDRESS	6015 POINTE WEST BLVD	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PALGE, GLENN	
STREET ADDRESS	6015 POINTE W BLVD	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	809 36TH AVENUE PLACE NW	
CITY-ST-ZIP	HICKORY, NC 28601	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	809 36TH AVENUE PLACE NW	
CITY-ST-ZIP	HICKORY, NC 28601	
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		
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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02

Date

828 324 7321

Daytime Phone #

CR2E034 (9/01)