

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90040 050 \*\*\*150.00

DOCUMENT # P98000072220

1. Corporation Name

CENTER FOR PAIN MANAGEMENT, P.A.

Principal Place of Business  
10913 MISTLETOE DRIVE  
THONOTOSASSA FL 33592

Mailing Address  
10913 MISTLETOE DRIVE  
THONOTOSASSA FL 33592

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1998

4. FEI Number

59-3531039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2913 Pemberton Creek Drive

2a. Mailing Address

26 2913 Pemberton Creek Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Seffner, FL

27 City & State

28 Seffner, FL

Zip

24 33584

Country

25 USA

Zip

29 33584

Country

30 USA

9. Name and Address of Current Registered Agent

LUBRANO, ANDREW J  
101 E KENNEDY BLVD  
SUITE 3700  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Officer ☐ Change ☒ Addition  
1.2 NAME Richard W. Lockwood  
1.3 STREET ADDRESS 2913 Pemberton Creek Drive  
1.4 CITY-ST-ZIP Seffner, FL 33584

2.1 TITLE Officer ☐ Change ☒ Addition  
2.2 NAME E. Newton Steely III  
2.3 STREET ADDRESS 1441 Cowart Road  
2.4 CITY-ST-ZIP Plant City, FL 33567

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

Certified Mail Receipt # 114 722 507

CR2E034 (11/98)

0382990