


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90194 005 ***150.00

DOCUMENT # P98 0000 90909	
1. Entity Name Physicians Pain and Rehab Center, Inc.	

Principal Place of Business: 3837 Hollywood Blvd. Hollywood, FL 33021	Mailing Address: 3837 Hollywood Blvd. Hollywood, FL 33021
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24070696



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0877408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BONNEAU, DENNIS H DC
3837 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

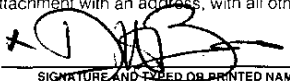
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis H. Bonneau 1208 NW 144 TERRACE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 Dennis H. Bonneau 4-30-04 x 954-986-0710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
24670696



Division of Corporations

Annual Report

Page 1

Document Number

P98000090909

Business Entity Name

PHYSICIANS PAIN AND REHAB CENTER, INC.

FEI Number

650877408

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

3837 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City, State

HOLLYWOOD

FL

Zip Code & Country

33021

Mailing Address

Address

3837 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City, State

HOLLYWOOD

FL

Zip Code & Country

33021

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

BERGMAN SPIEWAK & CO, PA

Address

499 NW 70 AVE

Suite, Apt. #, etc.

#116

City, State

PLANTATION

FL

Zip Code & Country

33317

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature