2000 UNIFORM BUSINESS REPORT (UBR)

3/17

FILED
Jun 22, 2000 8:00 am
Secretary of State
03-17-2000 90041 002 ***150.00
06-22-2000 90001 009 *****8.75

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000091021

1. Entity Name
SUNCOAST PAIN & TRAUMA CENTER, INC.

R

Principal Place of Business	Mailing Address
~~4637 AMHERST CT FT MYERS FL 33907~~ 3830 EVANS AVE SUITE 4-B FT MYERS FL 33901	~~4637 AMHERST CT FT MYERS FL 33907-1201~~

2. Principal Place of Business	3. Mailing Address
3830 Evans Suite	PO BOX 7111
Suite, Apt. #, etc. 4-B	Suite, Apt. #, etc. Fort Myers
City & State Fort Myers Fl	City & State Fl
Zip 33901 Country Lee	Zip Fl 33911 Country Lee

4. FEI Number 65-0954675 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOUIS, MICHELOT
4637 AMHERST CT
FT MYERS FL 33907

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) NO CHANGE
City FL Zip Code

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 ______ (signed)
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) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOUIS, MICHELOT	NAME	
STREET ADDRESS	4637 AMHERST CT	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: (signed) 02-29-2000 939 3877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #