

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathar  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V41951 (7)**

1. Corporation Name  
**COMPREHENSIVE PAIN MEDICINE, P.A.**



Principal Place of Business: **4412 N DAVIS HWY PENSACOLA FL 32503 US**  
Mailing Address: **4412 N DAVIS HWY PENSACOLA FL 32503 US**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	06/05/1992		03/14/1995
4.	FBI Number	Applied For	
	59-3129628	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LOZIER, DANIEL R.  
3 WEST GARDEN STREET  
SUITE 344  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIMMONS, RUBEN B. M.D.</b>	12. NAME	
STREET ADDRESS	<b>4412 N DAVIS HWY</b>	13. STREET ADDRESS	
CITY, ST, ZIP	<b>PENSACOLA FL</b>	14. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	<b>Jeffrey Behatter</b>
STREET ADDRESS		23. STREET ADDRESS	<b>4412 N Davis Hwy</b>
CITY, ST, ZIP		24. CITY, ST, ZIP	<b>Pensacola, FL 32503</b>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	<b>Kurt A. Brueger, M.D.</b>
STREET ADDRESS		33. STREET ADDRESS	<b>4412 N Davis Hwy</b>
CITY, ST, ZIP		34. CITY, ST, ZIP	<b>Pensacola, FL 32503</b>
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	<b>David Fairleigh, MD</b>
STREET ADDRESS		43. STREET ADDRESS	<b>4412 N Davis Hwy</b>
CITY, ST, ZIP		44. CITY, ST, ZIP	<b>Pensacola, FL 32503</b>
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X *[Signature]* 2/22/96 9904-434-9804

CR2E034 (12/95)