

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 23, 2001 08:00 AM
Secretary of State

DOCUMENT # V41951

1. Entity Name
COMPREHENSIVE PAIN MEDICINE, INC.

Principal Place of Business 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021 US	Mailing Address 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021 US
---	---

2. Principal Place of Business 1613 NORTH HARRISON PARKWAY, SUITE 200 Suite, Apt. #, etc.	3. Mailing Address 1613 NORTH HARRISON PARKWAY, SUITE 200 Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State SUNRISE FL	City & State SUNRISE FL	4. FEI Number 59-3129628	Applied For <input type="checkbox"/>
Zip 33323	Country US	Zip 33323	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTUS JAY A 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021 US		Name MARTUS JAY A Street Address (P.O. Box Number is Not Acceptable) 1613 NORTH HARRISON PARKWAY, SUITE 200 City SUNRISE FL Zip Code 33323	

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 _____ **02/23/2001**
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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CFOD	<input type="checkbox"/> Delete		TITLE	CFOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COWARD ROBERT			NAME	COWARD ROBERT		
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400			STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200		
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP	SUNRISE FL 33323		
TITLE	VPS	<input type="checkbox"/> Delete		TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTUS JAY A			NAME	MARTUS JAY A		
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400			STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200		
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP	SUNRISE FL 33323		
TITLE	EVPD	<input type="checkbox"/> Delete		TITLE	EVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLD LEWIS			NAME	GOLD LEWIS		
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400			STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200		
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP	SUNRISE FL 33323		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EISENBERG MITCHELL			NAME	EISENBERG MITCHELL		
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400			STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200		
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP	SUNRISE FL 33323		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIMMONS RUBEN B.M.D.			NAME			
STREET ADDRESS	510 CORDAY STREET			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jay A. Martus **VP** **02/23/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)