

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000362

1. Entity Name

DADE COUNTY PAIN SOCIETY, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90024 002 \*\*\*\*61.25

Principal Place of Business 9150 S.W. 87TH AVENUE SUITE 107 MIAMI FL 33176	Mailing Address 9150 S.W. 87TH AVENUE SUITE 107 MIAMI FL 33176-2311
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number  
24-0168377

Applied For  
Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOHAM, MARY A  
10550 SW 103 AVE  
MIAMI FL 33176

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 *Mary Alice S. Yoham*

*1-6-00*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOHAM, MARY A MSN 10550 SW 103 AVE. MIAMI FL 33176	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZBIK, ALBERT PSY. D. 9150 S.W. 87 AVE., #107 MIAMI FL 33176	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, ALBERT MD 10550 S.W. 103 AVE. MIAMI FL 33176	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

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 617, 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: *Albert Zbik*      Albert Zbik, Psy.D.

1-6-00

305-412-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #