

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000105817**

1. Entity Name

**PAIN AND REHABILITATION NETWORK, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1895 KINGSLEY AVE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 903**

City & State

City & State

**ORANGE PARK FL**

Zip

Country

Zip

Country

**32073**

**USA**

4. FEI Number

**59-3485072**

App

Not

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**TOLSON, JOHN F JR**

Street Address (P.O. Box Number is Not Acceptable)

**462 KINGSLEY AVE**

**SUITE 101**

City

**ORANGE PARK**

**FL**

Zip Code

**32073**

**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.

SIGNATURE

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)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00**  
Added to

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TRESGOT, ANDREA M  
2558 ADRIANA WALK DR. S.  
ORANGE PARK, FL 32073**

TITLE  
NAME  
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IN THIS SPACE**

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 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 of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

**4/30/02 904-276-9311**

**FILED  
May 12, 2002 8:00 am  
Secretary of State**

05-12-2002 90612 030 \*\*\*150.00

**851820**

DO NOT WRITE IN THIS SPACE