FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90046 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079180

1. Entity Name
ORLANDO PAIN & MEDICAL REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
5920 RED BUY LAKE RD. WINTER SPRINGS, FL 32708 US	~~523 PLEASANT GROVE DR~~ ~~WINTER SPRINGS, FL 32708~~ US

2. Principal Place of Business	3. Mailing Address
	5920 Red Bug Lk Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Winter Spgs FL
Zip / Country	Zip: 32708 / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0866176 ☐ Applied For ☐ Not Applicable

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
BURNS, BRIAN ~~523 PLEASANT GROVE DR~~ ~~WINTER SPRINGS, FL 32708~~	Name: Street Address (P.O. Box Number is Not Acceptable): 1608 Fox Glen Ct City: Winter Springs FL Zip Code: 32708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Arellano
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. FEE NOW IS $150.00 After May 1, 2003 Fee Will Be $550.00 Make Check Payable to Florida Department of State

Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, BRIAN ~~523~~ PLEASANT GROVE DR WINTER SPRINGS, FL 32708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1608 Fox Glen Ct. Winter Springs FL 32708 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Pedro Oliveros 352 Twelve Oaks Dr Winter Springs FL 32708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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: Arellano Christine Arellano 4-30-03 801-941-1482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #