

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102024

1. Entity Name

PUERTO RICO PAIN & REHAB-CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 10 AM 10:43

Principal Place of Business

6655 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143

Mailing Address

6655 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143

2. Principal Place of Business

7775 SW 87 AVE

3. Mailing Address

7775 SW 87 AVE

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33173

Country

MIAMI DADE

Zip

33173

Country

MIAMI DADE

4. FEI Number

65-0881685

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, MICHAEL P
6655 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

7775 SW 87 AVE STE 100

City

MIAMI

FL

Zip Code

33173

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEWMAN, MICHAEL P	
STREET ADDRESS	8250 SW 95TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LOREN	
STREET ADDRESS	464 MARINER DR	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VASQUEZ, JAIME	
STREET ADDRESS	1107 BUCKINGHAM RD	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALLZBERG, DONALD J MD	
STREET ADDRESS	30 BLUE RIDGE DR	
CITY-ST-ZIP	WEATOGUE CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003430146--9
STREET ADDRESS	-10/19/00--01089--009
CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003430151--4
STREET ADDRESS	-10/19/00--01089--010
CITY-ST-ZIP	****400.00 ****400.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)