2/1:

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
02-13-2001 90571 044 ***150.00

DOCUMENT # P99000061605

1. Entity Name
ADVANCED PAIN MANAGEMENT & REHABILITATION CENTER

Principal Place of Business	Mailing Address
716 EAST COLONIAL DRIVE ORLANDO FL 32803	11902 CASSIABARK COURT ORLANDO FL 32837

28419

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		4433 LAKE CALABAY DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ORLANDO	
City & State		City & State FLORIDA	
Zip	Country	Zip 32837	Country U.S.A.

4. FEI Number 59-3586989 ☐ 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
BAUMRUK, ANDREW J 717 EAST OAK STREET KISSIMMEE FL 34744	Name LORENZO V. VILLA-REAL Street Address (P.O. Box Number is Not Acceptable) 6704 YARDLEY WAY City TAMPA, FL. FL Zip Code 33647

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 L Villa Real 1-22-01
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 $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 ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ANTONIO, LETICIA D 11902 CASSIABARK COURT ORLANDO FL 32837	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ANTONIO, LETICIA D. 4433 Lake Calabay Drive Orlando, Florida 32837	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

CR2E034 (10/00)

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] 1-22-01 407-468-2478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 2845

#P9900061605

1/21/01

Dear Sir/Madam,

Last year, I overpaid my UBR fee by $150.00 due to some confusion with the Accountant. I was wondering if a refund is due me since I haven't heard from you. We've ~~re~~ changed ~~in this process~~ my Accountant has requested for some leniency on the late fee. I also would like to know if that was granted - if so, an additional $450.00 can be refunded to us. I paid UBR a total of ~~$600.00~~ $450.00.

Please review my records and advice of your decision.

Thank you very much for your kind consideration.

Mrs. L. Antonio

FEI # 59 3586984