

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S85954

1. Entity Name

FORT LAUDERDALE PAIN MEDICINE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90128 004 ***150.00

Principal Place of Business

Mailing Address

2200 SUNRISE KEY BLVD.
FORT LAUDERDALE FL 33304

2200 SUNRISE KEY BLVD.
FORT LAUDERDALE FL 33304-3824

2. Principal Place of Business

3. Mailing Address

1831 N.E. 45 STREET, #B

Suite, Apt. #, etc.

SUITE B

CITY & STATE
FORT LAUDERDALE, FL.

Zip
33308

Country
USA

6. Name and Address of Current Registered Agent

LAVENDER, JOEL R.
507 SE 11TH CT.
FORT LAUDERDALE FL 33316

Name

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

City

FL

Zip Code

4. FEI Number

65-0294902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

ERROR -> *Handwritten signature*

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/00

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, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS SZEINFELD, MARCOS
CITY-ST-ZIP 2200 SUNRISE KEY BLVD.
FT LAUDERDALE FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Handwritten signature MARCOS SZEINFELD, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/00 (954) 493-5048

CR2E034 (9/99)