2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S85954 DOCUMENT

1. Entity Name



FILED Mar 20, 2003 8:00 am § Secretary of State

03-20-2003 90137 018 ***150.00

FORT LA	UDERDALE	PAIN MEDICI	NE, INC.											
Principal Place of Business 1831 NE 45TH ST STE B FORT LAUDERDALE FL 33308			2200	Mailing Address 2200 SUNRISE KEY BLVD. FORT LAUDERDALE FL 33304				20027433						
2. Principal Place of Business			3. Ma	3. Mailing Address										
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City	City & State				4. FEI Number 65-0294902 Applied For Not Applied For						
Zip	Country		Zìp	Zip Cour				5. Certifi	cate of Status	Desired		\$8.75 Fee Req	Additio	
	6. Name ar	nd Address of Curre	nt Register	ed Agent		ĺ		7. Name	and Address	of New Re	egistered			
						Name			· · .	. ,				
LAVENDER, JOEL R.				Street Addres				O. Box Nu	ımber is Not A	Acceptable)	}			.
507 SE 11	1th Ct. Jderdale fl	33316								•				
	JOENDALL I L	00010				City					Fi	Zip (Code	
	e named entity st	ubmits this statemen	t for the purp	oose of changing its	registere	d office or	registere	d agent, o	r both, in the	State of Floa		_	ith, an	nd accept
**	lions of registere	od agent.												
SIGNATURE .	Signature, typed or p	orinted name of registered ag	ent and title if and	blicable (NOTE	Registere	d Agent signatu	re required w	hen reinstation	a)	.	DATE			
		FEE IS \$150.00		[
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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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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