

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90206 017 ***150.00

DOCUMENT # P98000024609

1. Entity Name

CENTER FOR PAIN MANAGEMENT AND ORTHOPAEDIC REHAB

Principal Place of Business

Mailing Address

**800 EAST CYPRESS CREEK ROAD SUITE 203
 FT LAUDERDALE FL 33334**

**800 EAST CYPRESS CREEK ROAD SUITE 203
 FT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0819616**

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

**GREEN, MITCHELL F
 4000 HOLLYWOOD BLVD SUITE 485 SOUTH
 HOLLYWOOD FL 33021**

Name **STEPHEN C. COSENTINO**

Street Address (P.O. Box Number is Not Acceptable)
800 E. CYPRESS CREEK RD # 203

City **FT. LAUDERDALE** **FL** Zip Code **33334**

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 \$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 **D** ☐ Delete
 NAME **COSENTINO, STEVEN C. MD DO**
 STREET ADDRESS **800 EAST CYPRESS CREEK ROAD SUITE 203**
 CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **DR. STEPHEN C. COSENTINO**
 STREET ADDRESS **800 E. CYPRESS CREEK RD. STE. 203**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

STEPHEN C. COSENTINO

Date

Daytime Phone #

1/6/01 (954) 772-5556

CR2E034 (10/00)