2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 532867

1. Entity Name

HIALEAH PAIN CONTROL CENTER, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90327 002 ***150.00

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Principal Place of Business 590 EAST 25TH ST. HIALEAH FL 33013			590 E/	Mailing Address 590 EAST 25TH ST. HIALEAH FL 33013								
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Suite, Apt	. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ate		City	City & State				4. FEI Number 59-1741044 Applied For Not Applicable				
Zip Country			Zip	Zip Cour			5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional		
	6 Name a	nd Address of Curre	ent Registere	d Agent			- - -	Name and Address of New Rec			•	
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VATES K	ATHLEEN R.											
					Street Address			(P.O. Box Number is Not Acceptable)				
	25TH ST.	, v. -		والدائية وميد	-	 -	•					
HIALEAH	FL 33013							•				
						City	•		FL	Zip Cod	e	
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	e named entity s itions of register		ii ior ine purp	ose or crianging i	is registere	d director regis	siereo ag	gent, or both, in the state of Fiorit	ja. Familar	minan with.	and accept	
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SIGNATURE	Signatura broad or	printed name of registered as	and title if see	licobio (NC	TE: Dogistared	Agent signature requ	tirod whoo re	oinatatina\	DATE			
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		FEE IS'\$150.00						Election Campaign Finar	ncina	\$ 5.0	0 May Be	
		Fee will be \$550.						Trust Fund Contribution.	.o.,,g	Added	to Fees	
	K Payable to F	lorida Departmen						<u> </u>				
10.		OFFICERS A	ND DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFIC				
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	590 E. 25TH	5 1.			4	T ADDRESS					l	
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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 all other like empowered.

SIGNATURE:

NATURE AND WHED OR PRINTED AND OF SIGNING OFFICER OR DIRECTOR

4/23/03 (305) 836-3170

CR2F034 (10/02)