

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000362

1. Entity Name

DADE COUNTY PAIN SOCIETY, INC.

Principal Place of Business

9150 S.W. 87TH AVENUE  
SUITE 107  
MIAMI FL 33176

Mailing Address

9150 S.W. 87TH AVENUE  
SUITE 107  
MIAMI FL 33176-2311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

24-0168377

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

YOHAM, MARY A  
10550 SW 103 AVE  
MIAMI FL 33176

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

*Mary A. Yoham*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-6-00*

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **YOHAM, MARY A MSN**  
STREET ADDRESS **10550 SW 103 AVE.**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **SD** ☐ Delete  
NAME **ZBIK, ALBERT PSY. D.**  
STREET ADDRESS **9150 S.W. 87 AVE., #107**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete  
NAME **RAY, ALBERT MD**  
STREET ADDRESS **10550 S.W. 103 AVE.**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 617, 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:

*Albert Zbik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Albert Zbik, Psy.D.**

**1-6-00**

**305-412-0005**

Date

Daytime Phone #

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90024 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE