

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000000362

1. Entity Name
DADE COUNTY PAIN SOCIETY, INC.



Principal Place of Business
SUITE 401
8603 SOUTH DIXIE HWY
MIAMI, FL 33143

Mailing Address
SUITE 401
8603 SOUTH DIXIE HWY
MIAMI, FL 33143



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
24-0168377

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOHAM, MARY A
10550 SW 103 AVE
MIAMI, FL 33176

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary A Yoham

(NOTE: Registered Agent signature required when reinstating)

1-23-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000610841
02/02/07-80037-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOHAM, MARY A MSN 10550 SW 103 AVE. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZBIK, ALBERT PSY. D. 8603 S. DIXIE HIGHWAY, STE. 401 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, ALBERT MD 10550 S.W. 103 AVE. MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Albert Zbik (ALBERT ZBIK, PSYD 305-412-0065)