FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 PM 7:29

9/12/01 900026 024 -$550.00 -$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065333

1. Entity Name
ORLANDO PAIN AND MEDICAL REHABILITATION CENTERS,

Principal Place of Business	Mailing Address
130 E. ALTAMONTE DR SUITE 1450 ALTAMONTE SPRINGS FL 32701	130 E. ALTAMONTE DR. SUITE 1450 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

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 59-3674641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC.
850 N. ORANGE AVE.
ORLANDO FL 32801-1640

7. Name and Address of New Registered Agent

Name Ron Walters.
Street Address (P.O. Box Number is Not Acceptable)
10100 West Sample Rd Suite 322
City Coral Springs. FL Zip Code 33065

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] 10/11/01
Type name, 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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, BRIAN D.C. 1717 S. ORANGE AVENUE ORLANDO FL 32806 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Burns Brian 523 PLEASANT GROVE DR. Winter Springs, Fla. 32708 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONLAN, WALTER III MD 1717 S. ORANGE AVENUE ORLANDO FL 32806 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT PEDRO OLIVEROS. JR 362 twelve oaks. Drive Winter Springs Fla. 32708 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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 the like empowered.

SIGNATURE: [signature] 9-4-01 407-265-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #