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May 06, 2003 8:00 am
Secretary of State
05-06-2003 90046 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065333

1. Entity Name
ORLANDO PAIN AND MEDICAL REHABILITATION CENTERS, ALTAMONTE SPRINGS, INC.

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

2. Principal Place of Business — Suite, Apt #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt #, etc. — City & State — Zip — Country

[X] CHECK HERE IF MAKING CHANGES

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

BURNS, BRIAN D.
~~662 PLEASANT GROVE DR~~
~~WINTER SPRINGS, FL 32708~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1608 Fox Glen Ct.
City Winter Springs FL Zip Code 32708

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 [signature] Christine Arellano 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME BURNS, BRIAN D.C. STREET ADDRESS ~~623 PLEASANT GROVE DRIVE~~ CITY-ST-ZIP ~~WINTER SPRINGS, FL 32708~~	☐ Delete	[X] Change ☐ Addition STREET ADDRESS 1608 Fox Glen Ct. CITY-ST-ZIP Wntr Spgs, FL 32708
TITLE VP NAME OLIVEROS, PEDRO STREET ADDRESS 352 TWELVE OAKS DRIVE CITY-ST-ZIP WINTER SPRINGS, FL 32708	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 4-30-03 801-941-1482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Christine Arellano