## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000037380

1. Entity Name

FLORIDA PAIN & REHABILITATION INSTITUTE, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90220 023 \*\*\*158.75

Principal Place of Business 15127 CARTER ROAD SUITE 106 DELRAY BEACH FL 33446		Mailing Address 15127 CARTER ROAD SUITE 106 DELRAY BEACH FL 33446									
2. Principal P	lace of Busin	ess	3. Mailing Address				!   <b>                                   </b>			18111 <b>1 1</b> 41 1 <b>46</b> 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI	Number <b>65-1092714</b>		<u> </u>	pplied For ot Applicable			
Zip		Country	Zip	Count	try	5. Ceri	tificate of Status Desired	P	\$8.75 Add	ditional d	
	6. Name	and Address of Current	Registered Agent			7. Nan	e and Address of New R	egistered	Agent		
					Name						
ZIPPER, JEFFREY MD			Street Address			ess (P.O. Box I	(P.O. Box Number is Not Acceptable)				
234 ALEXANDER PALM ROAD BOCA RATON FL 33432							<del></del>				
BUCA RATUN FL 33432					City			F	Zip Code	е	
P. The shows	named antib	cubmits this statement for	or the purpose of changi	ina ite realetere	ed office or rea	istered agent	or both, in the State of Flo			and accept	
	ions of regist		or the purpose of charge	ing its registere	sa office of reg	jistered agent,	or bour, in the otate of the	nou. run	rigitimas triat,	ana accopi	
SIGNATURE .											
-	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registered	d Agent signature re-	quired when reinsta	ating)	DATE			
After	· May 1, 200	!≅FEE <sup>-</sup> IS-\$150:00*- 3 Fee will be \$550.00 Florida Department o			•		■9Election:Campaign:Fin Trust Fund Contribution			O-May-Be I to Fees	
10.		OFFICERS AND	DIRECTORS	11.		ADDIT	IONS/CHANGES TO OFF	CERS AN		S IN 11	
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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:** 

PANDETPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/2/43 5/4