2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2/17

DOCUMENT #   P01000090741

1. Entity Name
HEALTH-ALLIANCE INJURY AND PAIN MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2760 SW 97 AVE	2760 SW 97 AVE
SUITE 111 & 112	SUITE 111 & 112
MIAMI FL 33165	MIAMI FL 33165

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES

65-1142339

4. FEI Number APPLIED FOR	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, RITA E
1187 NW 125TH COURT
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

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

City	FL	Zip Code

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, 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 Check 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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CRUZ, RITA		NAME		
STREET ADDRESS	1187 NW 125TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: _____ REQUIRED   2/14/03 305 207-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)