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FILED
Sep 10, 2002 8:00 am
Secretary of State

07-16-2002 90374 012 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096403

1. Entity Name

ADVANCED PAIN MANAGEMENT & REHABILITATION CENTER, INC.

Principal Place of Business

716 E COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address

716 E COLONIAL DRIVE
ORLANDO FL 32803

2. Principal Place of Business

5850 Marlake Drive

3. Mailing Address

5850 Marlake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, FLA

4. FEI Number

59-374-7325

Applied For

Not Applicable

Zip

32809

Country

Orange

Zip

32809

Country

Orange

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUMRIK, ANDY J
717 E QAK STREET
KISSIMEE FL 34744

7. Name and Address of New Registered Agent

Name: K. B. LOAKNATH

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

13359 PALOMA DR

City

ORLANDO

FL

Zip Code

32837

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 reissuing)

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 13, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ACOSTA, EMMANUEL G	
STREET ADDRESS	4433 LAKE CALABAY DR	
CITY-ST-ZIP	ORLANDO FL 32837-5468	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONIO, LETICIA	
STREET ADDRESS	4433 LAKE CALABAY DR	
CITY-ST-ZIP	ORLANDO FL 32837-5468	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 other like empowered.

SIGNATURE:

EMMANUEL ACOSTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (4/02)