

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90425 034 ***150.00

DOCUMENT # P01000099220

1. Entity Name

Pain Relief Center of Bradenton, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 20419

Suite, Apt. #, etc.

n/a

3. Mailing Address

PO Box 41738

Suite, Apt. #, etc.

n/a

DO NOT WRITE IN THIS SPACE

City & State

Bradenton, FL

City & State

St. Petersburg, FL

4. FEI Number

65-1151344

☒ **Applied For**

☐ **Not Applicable**

Zip

34204

Country

U.S.

Zip

33743

Country

US

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Donald J. Harrell

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

1776 Ringling Blvd.

City Sarasota

FL

Zip Code

34236

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D.P.S.T R. Kenneth Garrett 6311 Turners Gap Rd. Bradenton, FL 34203
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

R. Kenneth Garrett, Pres.

9413663700

CR2E034B (12/01)