

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90884 009 ***150.00

DOCUMENT # **P01000107813**

1. Entity Name
INTERVENTIONAL AND MEDICAL PAIN CLINIC, PC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2140 WEST 68 STREET		3. Mailing Address	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc.	
City & State HALEAH		City & State	
Zip 33016	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1153355	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Carola M. Vargas-Leon
Street Address (P.O. Box Number is Not Acceptable) 2140 WEST 68 STREET
SUITE 200
City HALEAH FL Zip Code 33016

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	AP Carola M. Vargas-Leon 2140 W 68 STREET, Suite 200 Hialeah, FL 33016
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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 I am empowered.

SIGNATURE: **Carola M. Vargas-Leon** **4/29/02(305) 557-0211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)