

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90012 035 ***550.00

DOCUMENT # P01000111438

1. Entity Name
COMPREHENSIVE HEADACHE & PAIN TREATMENT CENTER, INC. ✓

Principal Place of Business Mailing Address
 1770 NE MIAMI GARDENS DRIVE 1770 NE MIAMI GARDENS DRIVE
 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **22-3850191** Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURAK, BARRY DC
1770 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179

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 _____ (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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BURAK, BARRY DR. |
| STREET ADDRESS | 1770 NE MIAMI GARDENS DRIVE |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33179 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LANDESS, CARRIE DR. |
| STREET ADDRESS | 1770 NE MIAMI GARDENS DRIVE |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33179 |
| TITLE | <input type="checkbox"/> Delete |
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| STREET ADDRESS | |
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| 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: *Signature*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/02 *3059488200*
 Date Daytime Phone #

CR2E034 (4/02)