

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

FILED

03 OCT 20 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	P02000031971
1. Entity Name	Broward Pain Relief Center, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2639 N. Andrews Ave	3. Mailing Address	2639 N. Andrews Ave
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

City & State	Wilton Manors, FL	City & State	Wilton Manors, FL
Zip	33311	Zip	33311
Country	Broward	Country	Broward

4. FEI Number	01-0641585	Applied For	Not Applicable
---------------	------------	-------------	----------------

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Jean R. Virgile
Street Address (P.O. Box Number is Not Acceptable)	2639 N. Andrews Avenue
City	Wilton Manors FL 33311

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
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + DIRECTOR JEAN R. VIRGILE 2639 N. Andrews Ave Wilton Manors, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200023368222 09/26/03--01077--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:	Jean R. Virgile	9/24/2003	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)

21 10/22

Broward Pain Relief Center, Inc.

**2639 N. Andrews Avenue
Wilton Manors, Florida 33311
Phone (954) 563-5609
Fax (954) 563-5615**

September 24, 2003

**Division of Corporations
Uniform Business Report Filings
Tallahassee, FL 32302-1500**

~~To Whom It May Concern:~~

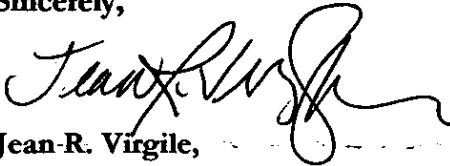
Please be advised that Broward Pain Relief Center, Inc. moved immediately after being incorporated. Therefore, we did not receive the first and second UBR renewal notices. Attached, please find the For Profit Corporation Uniform Business Report for 2003 and a check for \$150.00.

Please note that our current address is:

**2639 North Andrews Avenue
Wilton Manors, Florida 33311
Phone (954) 563-5609**

If any additional information is required, please do not hesitate to contact us at (954) 563-5609.

Sincerely,



**Jean-R. Virgile,
President**
