

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

04-21-2003 91043 043 ***158.75

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DOCUMENT # P02000052751

1. Entity Name
FLORIDA PAIN & REHABILITATION ASSOCIATES, P.A.



Principal Place of Business
15127 CARTER RD STE 106
DELRAY BEACH FL 33446

Mailing Address
15127 CARTER RD STE 106
DELRAY BEACH FL 33446

JUN 11 2003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

020599723

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COEL, MARK A ESQ
WESTON CORPORATE CENTRE II
2700 S COMMERCE PKWY STE 305
WESTON FL 33331

Name Jeffrey A Zipperman
Street Address (P.O. Box Number is Not Acceptable)
234 Alexander Palm Rd
City Boca Raton FL Zip Code 33432

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, handwritten or typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Delete
NAME Jeffrey A Zipperman
STREET ADDRESS 234 Alexander Palm Rd
CITY-ST-ZIP Boca Raton, FL 33432

TITLE President ☐ Change ☒ Addition
NAME Jeffrey A Zipperman
STREET ADDRESS 234 Alexander Palm Rd
CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey A Zipperman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Zipperman 4/2/03 561495-6300
Date Daytime Phone #

CR2E034 (10/02)