

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90329 035 \*\*\*150.00

0025644 AV

**DOCUMENT # P02000093827**

1. Entity Name

**AMERICAN PAIN MANAGEMENT CENTER, INC.**



Principal Place of Business  
**3260 NORTH 37TH STREET  
HOLLYWOOD FL 33021**

Mailing Address  
**3260 NORTH 37TH STREET  
HOLLYWOOD FL 33021**

2. Principal Place of Business

**7421 N. University Drive**

3. Mailing Address

**7421 N. University Dr.**

Suite, Apt. #, etc.

**#210**

Suite, Apt. #, etc.

**#210**

City & State

**Tamaraac FL**

City & State

**Tamaraac FL**

Zip

**33021**

Country

**USA**

Zip

**33021**

Country

**USA**

4. FEI Number

**16-1626820**

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

**NOVICK, SCOTT S  
3260 NORTH 37TH STREET  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

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

*Scott S. Novick*

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

(NOTE: Registered Agent signature required when reinstating)

**7/8/03**

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

TITLE **D** ☐ Delete  
NAME **NOVICK, SCOTT S**  
STREET ADDRESS **3260 NORTH 37TH STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete  
NAME **NOVICK, ERIKA**  
STREET ADDRESS **3260 NORTH 37TH STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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:

*Scott S. Novick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/03**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

10109915

#P02000093827

**AMERICAN PAIN MANAGEMENT**

7421 University Drive, Suite 210, Tamarac, FL 33321

(954) 726-4448 Fax (954) 726-5472

AmericanPMC@cs.com


8 July 2003

To Whom It May Concern:

Enclosed is a check in the amount of \$150.00 for the Unifrom Business Report filing for 2003. We did not receive the first mailing of this report.

Sincerely,

**AMERICAN PAIN MANAGEMENT**

  
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