

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10/2003-90060-039-\$150.00-\$150.00

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DOCUMENT # P02000134516

1. Entity Name
THE BACK PAIN INSTITUTE, INC.



03 OCT -3 AM 8:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
6919 W. BROWARD BLVD.
#110
PLANTATION FL 33317

Mailing Address
6919 W. BROWARD BLVD.
#110
PLANTATION FL 33317

2. Principal Place of Business
~~6919 W. BROWARD BLVD.~~
Suite, Apt. #, etc.

3. Mailing Address
16919 W BROWARD BLVD
#265

City & State

City & State
Plantation, FL

REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country
33317 USA

4. FEI Number
52-2383964

Applied For
Not Applicable

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

FISHNER, N. SCOTT
6919 W. BROWARD BLVD.
#110
PLANTATION FL 33317

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

Nancy Fisher

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
PSD FISHER, N. SCOTT
STREET ADDRESS
6919 W. BROWARD BLVD. #110
CITY-ST-ZIP
PLANTATION FL 33317 ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Nancy Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-03

Date

954-987-2121

Daytime Phone #

CR2E034 (4/03)

7/10/4

Attachment 80146162

The Back Pain Institute of Fl., Inc.

6919 W. Broward Blvd #265

Plantation, Fl. 33317

Phone 954-987-2121

Fax-954-987-6543

September 8, 2003

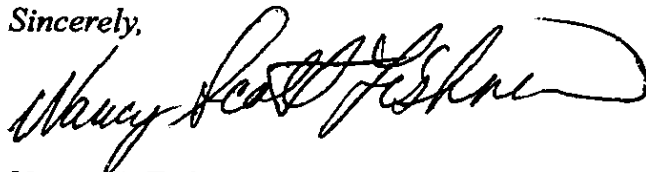
~~Division of Corporation~~
409 East Gaines Street
Tallahassee, Fl., 32399

To Whom it May Concern;

In May of this year I called regarding payment on Back Pain Institute of Fl., Inc. regarding getting payment out. P02000058119, at 3000 Stirling Road, Hollywood, Fl. 33012. I also asked the young man I spoke with if I had to pay a Corportate Fee on The Back Pain Institute of Fl., PO2000134516, at the above address, since I had not received a business report. He said I did not have to send a payment in. Now I have received a notice of dissolve if not paid by September 10, 2003. I have not started this business, but I do not think it is fair to pay the extra when I was told I didn't have to. I am sending in the \$150 fee to file report. I would of sent it in at the time I questioned. Please post to keep this active.

~~Thank you in advance for helping me.~~

Sincerely,



Nancy S. Fishner
President