

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000027305

1. Entity Name

ST. MICHAEL'S PAIN & REHAB, INC.



FILED

04 OCT 15 AM 9:03

Principal Place of Business

ARENA PLAZA
3434 W. COLUMBUS DR., SUITE 109
TAMPA, FL 33607

Mailing Address

ARENA PLAZA
3434 W. COLUMBUS DR., SUITE 109
TAMPA, FL 33607

REINSTATEMENT 04



TR

2. Principal Place of Business

3601 W. Spruce St.

3. Mailing Address

Suite, Apt. #, etc.

10072004

REIN-P

CR2E098 (6/04)

City & State

Tampa, Florida

City & State

4. FEI Number

01-0770170

Applied For

Not Applicable

Zip

33607

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRUMBULL, WILLIAM G
412 MADISON ST.
SUITE 903
TAMPA, FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	BIANCA PONCE	
STREET ADDRESS	3601 W. SPRUCE ST.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	KARINA SAGASTIZABAL	
STREET ADDRESS	3601 W. SPRUCE ST.	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000041905000	
CITY-ST-ZIP	10/15/04--01076--004 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Karina Sagastizabal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/04 (813) 895-0075

Date

Daytime Phone #