

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90192 014 \*\*\*150.00

DOCUMENT # P93000016313 (7)

1. Entity Name

Advanced Pain Management Services, Inc.

000101

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

503 SW 97th Terrace

Suite, Apt. #, etc.

3. Mailing Address

503 SW 97th Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Guineville, FL

City & State

Guineville, FL

4. FEI Number

39 3169726

Applied For

Not Applicable

Zip

32607

Country

U.S.A

Zip

32607

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Juliana Witte

Street Address (P.O. Box Number is Not Acceptable)

503 SW 97th Terrace

City

Guineville,

FL

Zip Code

32607

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 - May 1. Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P.D  
Witte, Juliana  
503 SW 97th Terrace  
Guineville, FL 32607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 352 332 8380

Date

Daytime Phone #

CR2E034B (12/01)