## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P9400030609 1. Entity Name PAIN MANAGEMENT SPECIALISTS, INC. Principal Place of Business Mailing Address

## **FILED** Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90402 039 \*\*\*150.00

SUITE E Kissimmee Fl 34741		461 W OAK ST SUITE E KISSIMMEE FL 34741 US				1 (084)084 (16 184) 010)4 80(11 081)1 084				
2. Principal Pla	ace of Business	3. Mailing Address								
Suite, Apt. #	ł, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number <b>59-3237787</b>			plied For t Applicable	
Žip	Country	Zip Cour		try	<b>5.</b> C	ertificate of Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Current R	legistered Agent	l		7. N	ame and Address of New Reg		•		
				Name						
461 V	ALES, ANGELO J N OAK ST			Street Address (P.O. Box Number is Not Acceptable)						
SUITI	= A  MMEE FL 34741									
MIOOI	ININEL I C 04/41			City				Zip Code	,	
8. The above	named entity submits this statement for	the purpose of changing its	reaister	L ed office or reai	stered age	ent, or both, in the State of Floric	ta.			
	•		•		Ü					
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature req	juired when re	instating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS S						10. Election Campaign Finan	ncina	<b>e</b>	0	
-	equirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			Trust Fund Contribution.			<b>0</b> May Be I to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTORS	3 IN 11	
TITLE	D	☐ Delete	TITL	I				☐ Change	Addition	
NAME STREET ADDRESS	CANALES, ANGELO J		NAN	I						
STREET ADDRESS CITY-ST-ZIP	461 W OAK ST SUITE A		B.	EET ADDRESS (-ST-ZIP						
TITLE	KISSIMMEE FL 34741	☐ Delete	TiTE					☐ Change	Addition	
NAME	LINK, MICHEAL H MD	- Deiele	: NAM					Gra.iye	☐ Maciation	
STREET ADDRESS	461 W OAK ST SUITE A			EE1 ADDRESS						
CITY-ST-ZIP	KISSIMMEE FL 34741		CIT	Y-ST-ZIP						
TITLE	D	☐ Delete	TIT	£				☐ Change	☐ Addition	
NAME	CHAPPEL, CHRISTOPHER M MD	)	NAI	ИE						
STREET ADDRESS	461 W OAK ST SUITE A			EET ADDRESS					ļ	
CITY-ST-ZIP	KISSIMMEE FL 34741		CII	Y-ST-ZIP						
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CITY-ST-ZIP			CIT	Y-ST-ZIP		100 ×				
12 Thoroby	cortify that the information cumplied with	this filing does not qualify t	or the ov	omotion stated	ia Caption	110 07(2Vi) Florida Statutos Li	further cort	ifu that the	information	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OF DIRECTOR