

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029503

1. Entity Name  
PALM BEACH INSTITUTE OF PAIN MANAGEMENT, INC.

Principal Place of Business  
2150 LAKE IDA ROAD STE 5  
DELRAY BEACH FL 33445

Mailing Address  
2150 LAKE IDA ROAD STE 5  
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0663703

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

DAGHER, SAMI I  
955 EGRET CIRCLE #210  
DELRAY BEACH FL 33444

Name

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

6000 N. Ocean Blvd.

City

Ocean Ridge

FL

Zip Code

33435

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAGHER, SAMI I 955 EGRET CIRCLE APT 210 DELRAY BEACH FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACMULLEN, NANCY 2150 LAKE IDA RD #5 DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6000 N. Ocean Blvd. Ocean Ridge, FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
500003342785--2 -08/01/00--01094--017 ****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

361-272-2616

Daytime Phone #

APPROVED  
AND  
FILED

00 JUL 18 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 1 of 2



DO NOT WRITE IN THIS SPACE

**PALM BEACH INSTITUTE OF PAIN MANAGEMENT**

2150 LAKE IDA ROAD, SUITE #5 • DELRAY BEACH, FLORIDA 33445

(561) 272-2616 • Fax (561) 278-4297

**SAMI I. DAGHER, M.D.**  
ANESTHESIOLOGIST  
FELLOWSHIP TRAINED  
IN PAIN MANAGEMENT

ADVANCED APPROACH  
FOR THE TREATMENT  
OF PAINFUL  
CONDITIONS OF THE  
SPINE AND THE  
NERVOUS SYSTEM

**PRACTICE FOCUS:**

LOW BACK PAIN

SCIATICA

THORACIC &

NECK PAIN

ARTHRITIS

HEADACHES

CANCER PAIN

SYMPATHETIC

DYSTROPHY

AND  
OTHER PAINFUL  
NERVE DISORDERS

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

July 10, 2000

Ref: FEI: 65-0663703  
Document: P96000029503

Dear Sir or Madam,

I just received a second notice to file the uniform business report for the above noted corporation. I have two corporations and I sent in the payment and report on both. When I received this second notice I called your office and was told you received one report but not the second. I have checked with the bank and the check also was not cashed.

I am sending you a check for \$150.00 and another report for the above mentioned corporation. If you have questions please do not hesitate to contact me.

Sincerely,

*Sam I. Dagher*  
Sam I. Dagher, M.D.