

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000043737**

1. Entity Name

HEARTLAND PAIN AND REHABILITATION CENTERS, INC.**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90064 049 ***150.00

Principal Place of Business 234 ALEXANDER PALM RD. BOCA RATON FL 33422	Mailing Address ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-1558 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0666550	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORMOND, PAUL A	NAME	
STREET ADDRESS	ONE SEAGATE, 23RD FLOOR	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43604	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, GEOFFREY G	NAME	
STREET ADDRESS	ONE SEAGATE, 23RD FLOOR	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43604	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIKEL, M. KEITH	NAME	
STREET ADDRESS	ONE SEAGATE, 23RD FLOOR	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43604	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIAN, WADE	NAME	
STREET ADDRESS	ONE SEAGATE	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 16	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIPPER, JEFFREY A	NAME	
STREET ADDRESS	ONE SEAGATE	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 16	CITY-ST-ZIP	
TITLE	ASAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHRICH, DAVID L	NAME	
STREET ADDRESS	ONE SEAGATE	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 16	CITY-ST-ZIP	

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

Date

Daytime Phone #