

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000072478**

1. Entity Name

UNIVERSAL PAIN INSTITUTE, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90070 030 ***158.75

Principal Place of Business

Mailing Address

2727 W. VIRGINIA AVENUE
TAMPA FL 336072822 W. VIRGINIA AVE.
TAMPA FL 33607-6330

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 **59-3411214**

Applied For

Not Applied For

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

RUGG, JOSEPH W.N.
ONE TAMPA CITY CENTER, SUITE 2100
201 NORTH FRANKLIN STREET
TAMPA FL 33601

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.

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
DS	ALVAREZ-GIL, FRANK M.D.	2822 W. VIRGINIA AVENUE	TAMPA FL 33607	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
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DCEO	WESTBURY, MICHAEL J M.D.	2822 W. VIRGINIA AVENUE	TAMPA FL 33607	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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VP	BAUZYS, RAYMOND J M.D.	2822 W. VIRGINIA AVENUE	TAMPA FL 33607	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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DEVP	ALVAREZ, GEORGE G	2822 W. VIRGINIA AVENUE	TAMPA FL 33607	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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DT	DIEHR, JERRY	2727 W. VIRGINIA AVENUE	TAMPA FL 33607	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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VP	ERBAUGH, DUANE	2727 W. VIRGINIA AVENUE	TAMPA FL 33607	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #