FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089519

1. Corporation Name

STREET ADDRESS

PAIN MANAGEMENT AND REHABILITATION INC

Principal Place of Business	Mailing Address
001 Silver Star Road Rlando fl 32808 Is	18605 AVE. MONACO LUTZ FL 33549
. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
į į	28

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90013 027 ***150.00



	•											8 1
Principal Place	e of Business	Mailing Address			•		1 (9011)	13 1 (10 10112 01111 01				(#1) #10 (#11 (#0)
6001 SILVER S	TAR ROAD	18605 AVE. MONACO				'						
ORLANDO FL 3		LUTZ FL 33549										
US								DO NOT		1 THIS	SPACE	
	•							porated or Qua	lifed			
							10/28/19	996				
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Numbe	er			1	Applied For
21		26					59-3413	204				lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.									\$8.75	Additional
22	*	27					5. Certifcate	of Status Desire	d 🗆		Fee	Required
City & Stat	Α	City & State		-			s Election C:	ampaign Financ	ino		\$5.0	May Be
23	· · · · · · · · · · · · · · · · · · ·							Contribution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	to Fees
Zip	Country	Zip	Co	untry				ration owes the	current v	ear Inta	ennihle	
_ ·	25	29	30	,				roperty Tax.	concin y	Ç01 1111L	Yes	□No
24	9. Name and Address of Curren		30	T				Address of N	ew Regis	tered A		
	9. Name and Address of Corre	it Registered Agent		81	Name		10, Name and					
ACO	OSTA, EMMANUEL G	2		'								
1960	05 AVE. MONACO	3 7 7 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		82	Street	Addres	ss (P.O. Box Nu					
	DO ATE. MONAOO										(4.5 /	11 . 41 9 . 5 . 7 . 1
LUIA	Z FL 33549			83			<i>(</i> *)	11 1/2 16				\$ 1980年 [1881]
				84	City		· · ·			122		Code
					•			•		FL	'	i
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida St	atutes, the a	above	-named	corpor	ation submits th	is statement for	the purp	ose of	changing i	ts registered
office or r	registered agent, or both, in the State	of Florida. Such change wa	is authorize	ed by f		oration'	's board of direc	ctors. I hereby a	iccept the	appoir	ntment as:	registered
11/2	and consilies with and concept the obliga	tions of Soction 607 Ñ506	Elorida Sta	tutoe	me corp			•				,
136 agent. La	im familiar with, and accept the obliga	ntions of, Section 607.0505,	Florida Sta	itutes.	uie corp		,					
98 agent. I a	im familiar with, and accept the obliga	1000s of, Section 607.0505,	Fiorida Sta	ilutes.			,	- <u>u</u>		ATE		
SIGNATURE	im familiar with, and accept the obligation	nt and title if applicable.	FIORICA Sta	d Ageni			when reinstating)	· ·	0	ATE		
SIGNATURE	Im familiar with, and accept the obligation of signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. ND DIRECTORS 1	IOTE: Registere	ed Agent			when reinstating)	CHANGES TO	0	ATE		FORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable.	IOTE: Registere 13.	ed Agent			when reinstating)	CHANGES TO	0	ATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G	nt and title if applicable. ND DIRECTORS 1	IOTE: Registere 13. 1.1 T 1.2 M	Agent TITLE	t signature	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	ORS IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO	nt and title if applicable. ND DIRECTORS 1	IOTE: Registere 13. 1.1 T 1.2 N 1.3 S	ed Agent . TITLE NAME	t signature ADDRESS	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	ORS IN 12
SIGNATURE 12. ITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (I	13. 1.11 1.2 N 1.3 S	od Agent . TITLE NAME STREET	t signature ADDRESS	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	FORS IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT	nt and title if applicable. ND DIRECTORS 1	IOTE: Registere 13. 1.17 1.2 N 1.3 S 1.4 C 2.17	Ad Agent TITLE NAME STREET CITY-ST	t signature ADDRESS	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	FORS IN 12
SIGNATURE 12. ITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA	nt and title if applicable. (I	IOTE: Registere 13. 1.17 1.2 N 1.3 S 1.4 C 2.17	od Agent . TITLE NAME STREET	t signature ADDRESS	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA	nt and title if applicable. (I	IOTE: Registere 13 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	AME STREET CITY-ST TITLE NAME	t signature ADDRESS	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA	nt and title if applicable. (IND DIRECTORS DELETE	IOTE: Registere 13. 1.11 12.N 1.3.5 1.40 2.11 2.2.N 2.3.5 2.41	AME STREET CITY-ST TITLE NAME	ADDRESS -ZIP ADDRESS	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	FORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO	nt and title if applicable. (I	IOTE: Registere 13. 1.1.1 1.2.N 1.3.5 1.4.0 2.1.1 2.2.N 2.3.5 2.4.4	Ad Agent TITLE NAME STREET TITLE NAME STREET STREET	ADDRESS -ZIP ADDRESS	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	FORS IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO	nt and title if applicable. (IND DIRECTORS DELETE	IOYE: Registere 13. 1.1.1 1.2.N 1.3.5 1.4.0 2.1.1 2.2.N 2.3.5 2.4.4 3.1.1	ad Agent ITTLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS -ZIP ADDRESS	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	FORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (IND DIRECTORS DELETE	IOYE: Registere 13. 1.17 1.2 M 1.3 S 1.4 C 2.17 2.2 M 2.3 S 2.4 4 3.17 3.2 M	AME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST	ADDRESS - ZIP - ADDRESS T- ZIP	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	FORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (IND DIRECTORS DELETE	IOTE: Registere 13. 1.11 1.2 M 1.3 S 1.4 C 2.11 2.2 M 2.3 S 2.4 4 3.1 T 3.2 M 3.3 S	AND	ADDRESS -ZIP -ADDRESS T-ZIP -ADDRESS	required w	when reinstating)	CHANGES TO	0	ATE	D DIRECT	FORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (I	IOTE: Registere 13. 1.1.1 1.2.M 1.3.5 1.4.0 2.1.1 2.2.M 2.3.5 2.4.4 3.1.1 3.2.M 3.3.8 3.4.0	ad Agenticles. TITILE NAME STREET TITILE NAME STREET TITILE NAME STREET TITILE NAME STREET TITILE NAME CITY-ST	ADDRESS -ZIP	required w	when reinstating)	CHANGES TO	0	RS AN	D DIRECT Change	FORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (IND DIRECTORS DELETE	IOTE: Registere 13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 4 3.11 3.2 N 3.3 S 3.4. 4.11	ad Agentines. TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME CITY-ST TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS -ZIP	required w	when reinstating)	CHANGES TO	0	RS AN	D DIRECT	FORS IN 12 Addition Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (I	IOTE: Registere 13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 4 3.17 3.2 N 3.3 S 3.4. 4.11 4.2	ad Agent	ADDRESS -ZIP	required w	when reinstating)	CHANGES TO	0	RS AN	D DIRECT Change	FORS IN 12 Addition Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (I	IOTE: Registere 13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 4 3.11 3.2 N 3.3 S 3.4. 4.11 4.2 I 4.3 S	ad Agent . ITTLE NAME STREET CITY-ST ITTLE NAME STREET CITY-ST ITTLE NAME STREET CITY-ST ITTLE NAME NAME STREET NAME STREET NAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required w	when reinstating)	CHANGES TO	0	RS AN	D DIRECT Change	FORS IN 12 Addition Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (ID DIRECTORS DELETE DELETE DELETE	IOTE: Registere 13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 4 3.11 3.2 N 3.3 S 3.4. 4.11 4.2 2 4.3 S 4.4 C	AND AGENTALISM AND AGENT	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required w	when reinstating)	CHANGES TO	0	RS AN	D DIRECT Change	FORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (I	IOTE: Registere 13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 4 3.11 3.2 N 3.3 S 3.4. 4.11 4.2 1 4.3 S 4.4 C 5.11	AND AGENTALE NAME STREET STREET STREET CITY-ST ITILE NAME STREET CITY-ST ITILE NAME STREET CITY-ST ITILE NAME STREET CITY-S' ITILE NAME STREET ITILE NAME TITLE NAME TITLE TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required w	when reinstating)	CHANGES TO	0	RS AN	D DIRECT Change	FORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (ID DIRECTORS DELETE DELETE DELETE	IOTE: Registere 13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 4 3.11 3.2 N 3.3 S 3.4. 4.11 4.2 I 4.3 S 4.4 C 5.11 5.2 N	AND AGENT AND AGENT AGEN	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required w	when reinstating)	CHANGES TO	0	RS AN	D DIRECT Change	FORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (ID DIRECTORS DELETE DELETE DELETE	IOTE: Registere 13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 4 3.11 3.2 N 3.3 S 3.4. 4.11 4.2 I 4.3 S 4.4 C 5.11 5.2 N	AND AGENT AND AGENT AGEN	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required w	when reinstating)	CHANGES TO	0	RS AN	D DIRECT Change	FORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (ID DIRECTORS DELETE DELETE DELETE	IOTE: Registere 13. 1.11 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 I 3.11 3.2 N 3.3 S 3.4 4.11 4.2 I 4.3 S 4.4 C 5.11 5.2 N 5.3 S	AND AGENT AND AGENT AGEN	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required w	when reinstating)	CHANGES TO	0	RS AN	D DIRECT Change	FORS IN 12 Addition Addition Addition Addition
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DPS ACOSTA, EMMANUEL G 18605 AVE. MONACO LUTZ FL AVPT ACOSTA, AMADA 18605 AVE. MONACO LUTZ FL	nt and title if applicable. (ID DIRECTORS DELETE DELETE DELETE	IOTE: Registere 13. 1.11 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 I 3.11 3.2 N 3.3 S 3.4 4.11 4.2 I 4.3 S 4.4 C 5.11 5.2 N 5.3 S 5.4 C	AND AGENT AND AGENT AGEN	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required w	when reinstating)	CHANGES TO	0	RS AN	D DIRECT Change	FORS IN 12 Description Addition Addition Addition Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 1