

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90037 015 ***150.00

DOCUMENT # P97000055548

1. Entity Name

COMMUNITY PAIN & INJURY CLINIC, P.A.

Principal Place of Business

**201 8TH ST. S
 #202
 NAPLES FL 34102**

Mailing Address

**201 8TH ST S. #202
 NAPLES FL 34102**

B0021850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0768808

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PINTER, MICHAEL R
 4328 CORPORATE SQUARE
 SUITE C
 NAPLES FL 34104**

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, 2002 Fee will be \$550.00
 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 ☐ Delete
 NAME **D MAIR, RICHARD**
 STREET ADDRESS **6101 CYPRESS HOLLOW WAY**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☒ Change ☐ Addition
 NAME **D MAIR, RICHARD**
 STREET ADDRESS **3019 GARDENS BLVD.**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
 NAME **OM MAIR, LISA**
 STREET ADDRESS **6101 CYPRESS HOLLOW WAY**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☒ Change ☐ Addition
 NAME **OM MAIR, LISA**
 STREET ADDRESS **3019 GARDENS BLVD.**
 CITY-ST-ZIP **NAPLES FL 34105**

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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-02 941-262-2214

CR2E034 (9/01)