

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079028

1. Entity Name

PAIN DIAGNOSTIC & MANAGEMENT CENTER, P.A.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90064 006 ***150.00

Principal Place of Business

2929 LAKELAND HIGHLANDS RD.
STE. 2
LAKELAND FL 33803

Mailing Address

PO BOX 906
EATON PARK FL 33840

2. Principal Place of Business

3. Mailing Address

2929 LAKELAND HIGHLANDS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. A-2

City & State

City & State

LAKELAND, FL

Zip

Country

Zip

33803

Country

FLORIDA U.S.A.

4. FEI Number

59-3467482

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

Name

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

City

FL

Zip Code

HONCULADA, ALLAN C DR
2929 LAKELAND HIGHLANDS RD
SUITE A-2
LAKELAND FL 33803

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, 2001 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 PD
NAME HONCULADA, ALLAN C MD
STREET ADDRESS 2813 PLANTATION RD
CITY-ST-ZIP WINTER HAVEN FL 33884
☐ Delete

TITLE HONCULADA, ALLAN C. H.D.
NAME
STREET ADDRESS 2929 LAKELAND HIGHLANDS RD. STE A-2
CITY-ST-ZIP LAKELAND, FL 33803
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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:

ALLAN C. HONCULADA

ALLAN C. HONCULADA, H.D.

1/31/01

(843) 483-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)