


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90049 042 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000081207

1. Corporation Name

PAIN & REHAB SPECIALISTS OF LAKE LAND, INC.



Principal Place of Business

5202 N. ARMENIA AVENUE
TAMPA FL 33603

Mailing Address

5202 N. ARMENIA AVENUE
TAMPA FL 336033003 South 71a
Lakeland, FL 33803

SAME

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/18/1997

4. FEI Number

59-3476066

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3003 S FLORIDA AVE 26 3003 S FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 203 27 SUITE 203

City & State

City & State

23 LAKE LAND PL 28 LAKE LAND PL

Country

Country

24 33803 25 FLA 29 33803 30 FLA

9. Name and Address of Current Registered Agent

DORIO, SAM
5202 N. ARMENIA AVENUE
TAMPA FL 33603Pain & Rehab
3003 S FLA AVE
Lakeland, FL 33803

10. Name and Address of New Registered Agent

81 Name KALISH & WARD

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

P.O. Box 11

83

84 City TAMPA PL FL 85 33601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--------|
| TITLE | D | DELETE |
| NAME | DORIO, SAM | |
| STREET ADDRESS | 5202 N. ARMENIA AVENUE | |
| CITY-ST-ZIP | TAMPA FL 33603 | |

| | | |
|----------------|------------------------------|--------|
| TITLE | D | DELETE |
| NAME | UNDERWOOD, MARTIN DC | |
| STREET ADDRESS | 10223 CHARLESTON CORNER ROAD | |
| CITY-ST-ZIP | TAMPA FL 33635 | |

| | | |
|----------------|--|--------|
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--------|
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|--------|
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--------|
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)