

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000081207

1. Entity Name

PAIN & REHAB SPECIALISTS OF LAKE LAND, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2445 Highway 98 North

3. Mailing Address

2445 Highway 98 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Lakeland, Florida

City & State  
Lakeland, Florida

4. FEI Number  
593476066

Applied For  
Not Applicable

Zip  
33805

Country  
USA

Zip  
33805

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Sam Dorio

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

2445 Highway 98 North

City

Lakeland

FL

Zip Code  
33805

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

*Sam Dorio*

Sam Dorio

September 19, 2001

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

TITLE  
NAME  
D  
Sam Dorio  
STREET ADDRESS  
2445 Highway 98 North  
CITY-ST-ZIP  
Lakeland, FL 33805 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
Sam Dorio  
STREET ADDRESS  
2445 Highway 98 North  
CITY-ST-ZIP  
Lakeland, FL 33805 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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: *Sam Dorio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam Dorio

September 19, 2001

Date

863-488-2622

Daytime Phone #

CR2E034 (11/00)

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**AKERMAN SENTERFITT**

ATTORNEYS AT LAW

FIRST UNION BUILDING  
100 SOUTH ASHLEY DRIVE, SUITE 1500  
POST OFFICE BOX 3273  
TAMPA, FLORIDA 33601-3273  
PHONE (813) 223-7333 • FAX (813) 223-2837  
<http://www.akerman.com>

Direct Dial: 813-209-5046  
E-mail: [Lsmith@akerman.com](mailto:Lsmith@akerman.com)

September 19, 2001

**VIA FEDERAL EXPRESS**

Division of Corporations  
Attn: Reinstatements  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Document No. P97000081207**

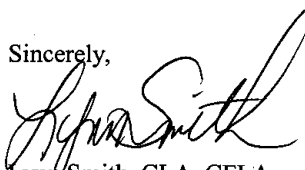
Dear Sir/Madam:

Enclosed is the 2001 Uniform Business Report for Pain & Rehab Specialists of Lakeland, Inc. along with their check No. 2420 in the amount of \$300.00.

As I explained to one of your staff members over the phone today, our client has not received any notifications from the Department of State in connection with the Uniform Business Reports and/or administrative dissolution for the past two years. This may be due to a change of address for the entity. Pursuant to your staff member's advice we are submitting payment of \$300 to cover the year 2000 and 2001 filings.

Please call if you have any questions or if I can be of further assistance in this matter. Thank you for your assistance.

Sincerely,



Lynn Smith, CLA, CFLA  
Paralegal to Gary Walker, Esquire

Enclosure(s)

cc: Gary Walker, Esq.  
Mr. Sam Dorio