

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90264 012 ***150.00

DOCUMENT # P97000081207

1. Entity Name

PAIN & REHAB SPECIALISTS OF LAKE LAND, INC.

Principal Place of Business

**2445 HIGHWAY 98 NORTH
 LAKE LAND FL 33805**

Mailing Address

**2445 HIGHWAY 98 NORTH
 LAKE LAND FL 33805**

2. Principal Place of Business

3. Mailing Address

Doctors office

2445 H 98 north

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland

City & State

Lake land Fla

Zip

Country

Zip

Country

33805

Polk

33805

Polk

4. FEI Number

59-3476066

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

DORIO, SAM

2445 HIGHWAY 98 NORTH

LAKE LAND FL 33805

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 DORIO, SAM
 2445 HIGHWAY 98 NORTH
 LAKE LAND FL 33805**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)