

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90054 005 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P97000081207**

1. Entity Name  
**PAIN & REHAB SPECIALISTS OF LAKE LAND, INC.**



Principal Place of Business Mailing Address  
2445 HWY 98 NORTH 2445 HWY 98 NORTH  
LAKE LAND, FL 33805 LAKE LAND, FL 33805

94022946



02242004 Chg-P CR2E034 (10/03)

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**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	DORIO, SAM	2445 HIGHWAY 98 NORTH	LAKE LAND, FL 33805	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 10 or Block 11 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

2-25-04 803-688-2422  
Date Daytime Phone #