

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096017

1. Entity Name

S.W. FLORIDA PAIN CENTER, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90490 025 \*\*\*150.00

Principal Place of Business

Mailing Address

1988 KINGS HIGHWAY  
PORT CHARLOTTE FL 33980  
US

1988 KINGS HIGHWAY  
PORT CHARLOTTE FL 33980  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0797144

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

MCKINLEY, MICHAEL R ESQUIRE  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33948

Name

BONNIE ACOSTA

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

1988 Kings Highway

City

Port Charlotte

FL

Zip Code

33980

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

*Bonnie Acosta* office Administrator

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 ☒ Delete  
NAME MORALES, MICHAEL  
STREET ADDRESS 1988 KINGS HIGHWAY  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE PD ☒ Change ☐ Addition  
NAME ACOSTA, Abelardo  
STREET ADDRESS 1988 Kings Hwy  
CITY-ST-ZIP Port Charlotte FL 33980

TITLE VSD ☐ Delete  
NAME ACOSTA, ABELARDO  
STREET ADDRESS 1988 KINGS HIGHWAY  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE VSD ☐ Change ☒ Addition  
NAME Valente, L. K.  
STREET ADDRESS 1988 Kings Hwy  
CITY-ST-ZIP Port Charlotte, FL 33980

TITLE AD ☒ Delete  
NAME MALIK, VINOD K  
STREET ADDRESS 1988 KINGS HIGHWAY  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)