

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000050571

1. Corporation Name

SOUTH MIAMI PAIN & REHAB CENTER, INC.

Principal Place of Business

**6655 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143**

Mailing Address

**6655 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143**

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90090 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1998

4. FEI Number

65-0840771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NEWMAN, MICHAEL P
6655 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PRESIDENT DIRECTOR
MICHAEL P. NEWMAN
6655 S. Dixie H'way
Miami, Florida 33143**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**~~DIRECTOR
LOREN FRIEDMAN
777 CEDARHURST CT
LAKE WORTH FL 33467~~**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D LOREN FRIEDMAN
464 MARINER DR
JUPITER FL 33477**

☒ DELETE

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

MICHAEL P. NEWMAN

Date

Daytime Phone #

4/26/99 305 662-2007

CR2E034 (1/98)