**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000050571

SIGNATURE;

SOUTH MIAMI PAIN & REHAB CENTER, INC.

Principal Place of Business	Mailing Address
6655 SOUTH DIXIE HIGHWAY SOUTH MIAMI FL 33143	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 Qualifed

06/05/1998

						<del></del>			
	ncipal Place of Business 2a. Mailing Addres				4. FEI Number 65-0840771	— <del>— · · ·</del>	ied For Applicable		
21	26				100 0010777	\$8.75 Additional			
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired Fee F					
City & State		City & State		<del></del>	6. Election Campaign Financing	\$5.00 N	lav Be		
23		28			Trust Fund Contribution	Added to			
Zip	Country	Zip	Country		8. This corporation owes the current year		.		
24	25	29 3	0		Personal Property Tax.		-:No		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent			
NEWMAN, MICHAEL P			81	81 Name					
·				82 Street Address (P.O. Box Number is Not Acceptable)					
6655 SOUTH DIXIE HIGHWAY									
SOUTH MIAMI FL 33143					•	5			
						or 7in C			
	•		84	City	<u> </u>	L 85 Zip Co			
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									
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligat	or Flonga. Such change was aut ions of, Section 607.0505, Floric	da Statutes.	une corporati	on's board of directors. Thereby accept the app	· · · · · · · · · · · · · · · · · · ·			
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	legistered Agen	t signature require	ed when reinstating) DATE				
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR			
TITLE		X DELETE	1.1 TITLE		PRESIDENT DIRECTOR	Change	Addition )		
NAME	PRESIDENT DIREC	TOR	1.2 NAME		MICHAEL P. NEWMAN				
I	MICHAEL P. NEWM	IAN	1.3 STREET				1		
STREET ADDRESS	6655 S. Dixie H				6655 S. DIXIE H'WAY	•			
CITY-ST-ZIP	Miami, Florida		1.4 CITY-ST	I-ZIP	MIAMI FL 33143 —	☐ Change	Addition		
TITLE '	HIGHI, FIVITUA	33143 Li DELETE	2.1 TTLE		•	[ ] Gridingo			
NAME			2.2 NAME			. •			
STREET ADDRESS			2.3 STREET	ADDRESS			j		
CITY-ST-ZIP ~	a + 1 - 1		2. 4 CITY-S	T-ZIP ·	The second of th	~~.	30 1 A 1 000		
TITLE	DIRECTUR	X) DELETE	31 TITLE	١,	DIDECTOR	Change	(Addition		
NAME	LODEN CRICDIAN		3.2 NAME	١.	LAREN FREEDMAN		}		
STREET ADDRESS	777 CENABULACT	<u> </u>	3.3 STREET	ADDRESS	777 COLOUINET CE				
CITY-ST-ZIP	LAKE HODEL EL 2	2467	3.4. CITY-S	T-ZIP	LAKE HORTH PL 22467		10.		
TITLE		☐ DELETE	4.1 TITLE	•	CAN COMPANY OF THE CONTROL	☐ Change	Addition		
NAME			4. 2 NAME				1		
STREET ADDRESS			4.3 STREET	ADDRESS			}		
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP		*			
TITLE		☐ DELETE	5.1 TITLE		. •	Change	☐ Addition		
NAME.			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP					
TITLE	D LOREN FRIEDM	AN XI DELETE	6.1 TITLE	D	LOREN FRIEDMAN	☐ Change	Addition		
NAME	464 MARINER		6.2 NAME		464 MARINER DR		ļ		
STREET ADDRESS	JUPITER FL 3		6.3 STREET	ADDRESS	JUPITER FL 33477		Í		
CITY-ST-ZIP	OUTTIEN IF 3	VTII	6.4 CITY-ST	T-ZIP					
	partify that the information symplicid will	th this filing does not qualify for t			Section 119.07(3)(i), Florida Statutes, I further	certify that the in	formation		

I nereby certify that the information supplied with this liting does not quality for the exemption stated in Section (19.07(3)(f), Florida Statutes. I latter 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.

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