

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000050571**

1. Entity Name

**SOUTH MIAMI PAIN & REHAB CENTER, INC.****FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90047 016 \*\*\*150.00

0179103

Principal Place of Business

**7775 SW 87TH AVE  
#100  
MIAMI FL 33173**

Mailing Address

**6655 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI FL 33143****940785**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7775 S.W. 87th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**#100**

City &amp; State

City &amp; State

**MIAMI FLORIDA**4. FEI Number **65-0840771**

Applied For

Not Applicable

Zip

Country

Zip  
**33173**Country  
**MIAMI-DADE**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

**NEWMAN, MICHAEL P  
7775 SW 87TH AVE  
#100  
MIAMI FL 33173**

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, 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	<input type="checkbox"/> Delete
NAME	NEWMAN, MICHAEL P	
STREET ADDRESS	7775 SW 87TH AVE #100	
CITY-ST-ZIP	MIAMI FL 33173	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LOREN	
STREET ADDRESS	464 MARINER DR	
CITY-ST-ZIP	JUPITER FL 33477	

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

**MICHAEL P. NEWMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)