

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90024 019 \*\*\*150.00

**DOCUMENT # P98000050571**

1. Entity Name  
**SOUTH MIAMI PAIN & REHAB CENTER, INC.**

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8415 CORAL WAY  
 Suite, Apt. #, etc.  
 SUITE 204**

3. Mailing Address

**8415 CORAL WAY  
 Suite, Apt. #, etc.  
 SUITE 204**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number **65-0840771**

Applied For  
 Not Applicable

Zip **33155** Country **USA**

Zip **33155** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

**9420 SW 77 AVE, Suite 100**

City **MIAMI** FL Zip Code **33156**

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 of the current registered agent and the new registered agent.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/2002**

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, 2002 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

TITLE **PD** ☐ Delete  
 NAME **NEWMAN, MICHAEL P**  
 STREET ADDRESS **7775 SW 87TH AVE #100**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete  
 NAME **FRIEDMAN, LOREN**  
 STREET ADDRESS **464 MARINER DR**  
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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 all other like empowered.

SIGNATURE:

**MICHAEL P. NEWMAN**

Date

Daytime Phone #

**4/22/02 3056661402**

CR2E034 (9/01)