2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064200

PHYSICAL MEDICINE, REHAB AND PAIN CENTER, P.A.

Mailing Address Principal Place of Business i i i i WEST OAK STREET 1318 WEST OAK STREET KISSIMMEE FL 34741-4024 T FL 34741

3. Mailing Address

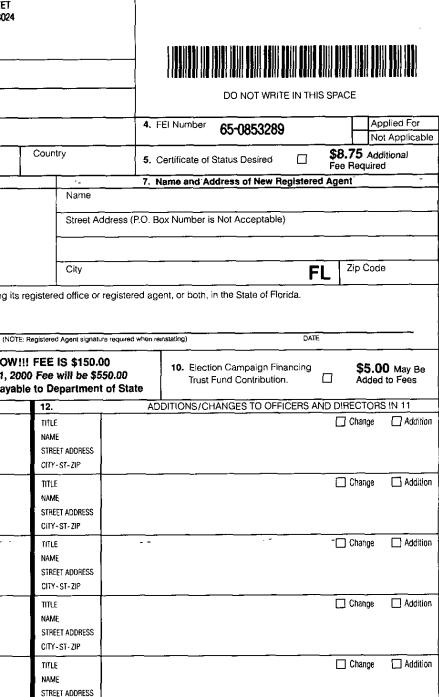
City & State

Zip

Suite, Apt. #, etc.

FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90171 050 ***150.00



ESTAMPADOR-TAN, JOSEPHINE 1318 WEST OAK STREET

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

NAME

NAME

TITLE NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

KISSIMMEE FL 34741

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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.

Delete

☐ Delete

Delete -

Delete

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Delete

9. This corporation is eligible to satisfy its Intangible

14644 QUAIL CIRCLE

ORLANDO FL 32837

KISSIMMEE FL 34746

ESTAMPADOR-TAN, JOSEPHINE

BAMBA-DAGANI, CARMELITA

2318 INDIAN MOUND TRAIL

Tax filing requirement and elects to do so.

(See criteria on back)

DVT

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Country

Name

City

Make Check Payable to Department of State

OFFICERS AND DIRECTORS 12.

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.

CITY-ST-ZIP

Who is a source SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/000 (407) 931-1887
Date Dayline Phone #

☐ Change

☐ Addition