

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90133 048 ***150.00

DOCUMENT # P98000064200

1. Entity Name
PHYSICAL MEDICINE, REHAB AND PAIN CENTER, P.A.

Principal Place of Business
1318 WEST OAK STREET
KISSIMMEE FL 34741

Mailing Address
1318 WEST OAK STREET
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0853289**

Applied For

Not Applicable

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

ESTAMPADOR-TAN, JOSEPHINE
1318 WEST OAK STREET
KISSIMMEE FL 34741

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
ESTAMPADOR-TAN, JOSEPHINE
14644 QUAIL CIRCLE
ORLANDO FL 32837 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVT
BAMBA-DAGANI, CARMELITA
2318 INDIAN MOUND TRAIL
KISSIMMEE FL 34746 ☐ Delete

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

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

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:

[Signature]
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-02

Date

Daytime Phone #

CR2E034 (9/01)