## FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90129 009 \*\*\*150.00

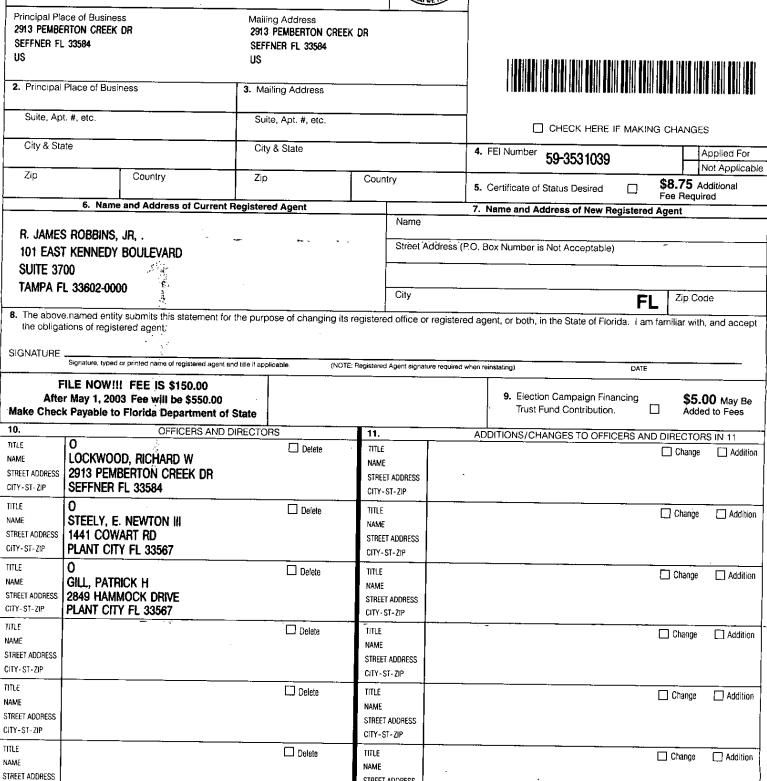
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P98000072220

1. Entity Name

CENTER FOR PAIN MANAGEMENT, P.A.



12. 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 accurate apri that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receive changed, or on an attachment

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: \

CITY-ST-ZIP

CR2E034 (10/