

1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079180

Entity Name

FLORANDO PAIN & MEDICAL REHABILITATION CENTER, IN
FLORANDO

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90323 039 ***150.00

Principal Place of Business

Mailing Address

10 RED BAY LAKE RD.
WINTER SPRINGS FL 32708

5327 SW 33RD AVE
FT LAUDERDALE FL 33312

523 Pleasant Grove Dr
Winter Springs, FL 32708
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5920 Red Bug Lake Rd
Suite, Apt. #, etc.

523 Pleasant Grove Dr
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0866176

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALTERS, RONALD J
10166 NW 17TH STREET
CORAL SPRINGS FL 33071

Name

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

3275 W. Hillsboro Blvd #207

Deerfield Beach, FL

City

FL

Zip Code

33442

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

Brian D. Burns

01/29/01

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 ☐ Delete
NAME D
STREET ADDRESS EXARHOS, NICHOLAS
CITY-ST-ZIP 908 B POWERLINE ROAD
POMPAHO BEACH FL 33069

TITLE ☐ Change ☐ Addition
NAME Exarhos Nicholas
STREET ADDRESS 5327 S.W. 33rd Ave
CITY-ST-ZIP Ft. Lauderdale, FL 33312

TITLE ☐ Delete
NAME D
STREET ADDRESS BURNS, BRIAN
CITY-ST-ZIP 338 W. QUAIL RUN RD.
FARMINGTON UT 84025

TITLE ☐ Change ☐ Addition
NAME Burns Brian
STREET ADDRESS 523 Pleasant Grove Dr.
CITY-ST-ZIP Winter Springs, FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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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:

Brian D. Burns

01/29/01

407-971-7661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #