

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102024

1. Entity Name

PUERTO RICO PAIN & REHAB CENTER, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90047 017 ***150.00

Principal Place of Business

7775 SW 87 AVE
100
MIAMI FL 33173

Mailing Address

7775 SW 87 AVE
100
MIAMI FL 33173

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 **65-0881685**

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

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

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, 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 **PD** ☐ Delete
NAME **NEWMAN, MICHAEL P**
STREET ADDRESS **8250 SW 95TH ST**
CITY-ST-ZIP **MIAMI FL**

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

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

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

TITLE **D** ☐ Delete
NAME **VASQUEZ, JAIME**
STREET ADDRESS **1107 BUCKINGHAM RD**
CITY-ST-ZIP **GREENSBORO NC**

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

TITLE **D** ☐ Delete
NAME **SALLZBERG, DONALD J MD**
STREET ADDRESS **30 BLUE RIDGE DR**
CITY-ST-ZIP **WEATOQUE CT**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 687, 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

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)