

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P99000012019

1. Entity Name

ADVANCED PAIN INSTITUTE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

03-08-2000 90022 021 ***150.00

Principal Place of Business
4602 N. ARMENIA AVENUE
SUITE B-6
TAMPA FL 33603

Mailing Address
4602 N. ARMENIA AVENUE
SUITE B-6
TAMPA FL 33601-2440

PO Box 2440
Tampa, FL 33601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2440
Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33601

Country
Hills

4. FEI Number
39-3566424

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEBRING, HAROLD L III
100 MADISON ST, SUITE 302
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Wendy L Schweitzer

Street Address (P.O. Box Number is Not Acceptable)
Cale Tropical Breeze Way

City
Tampa

FL

Zip Code
33602

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 *Wendy L Schweitzer* DATE 3/2/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Wendy L Schweitzer PO Box 2440 Tampa, FL 33601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wendy L Schweitzer* DATE 2/24/00 813-348-6073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)