

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90636 021 ***150.00

DOCUMENT # P99000012019

1. Entity Name
ADVANCED PAIN INSTITUTE, INC.

Principal Place of Business

**4602 N. ARMENIA AVENUE
 SUITE B-6
 TAMPA FL 33603**

Closed

Mailing Address

**P.O. BOX 669
 ODESSA FL 33556**

6600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Closed

3. Mailing Address

Suite, Apt. #, etc.

**5200 NW 43rd Street
 Suite 102-201
 Gainesville, FL**

City & State

Zip Country

Zip

Country

32606

Apl.

4. FEI Number **59-3566424**

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

SCHWARTZ, WENDY L.

**600 TROPICAL BREEZE WAY
 TAMPA FL 33602**

Name

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

5200 NW 43rd Street

Suite 102-201

City

Gainesville

FL

Zip Code

32606

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 ☐ Delete
 NAME **CEO**
 STREET ADDRESS **SCHWEITZ, WENDY L**
 CITY-ST-ZIP **P.O. BOX 669**
ODESSA FL 33556

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5200 NW 43rd Street, Suite 102-201**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)