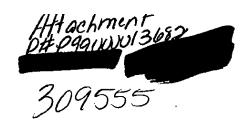
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000013682 Sep 06, 2000 8:00 am Secretary of State 1. Entity Name APEX PAIN MANAGEMENT CENTER, INC. (PHYSICAL THER 07-21-2000 90161 023 ***150.00 Principal Place of Business Malling Address 2310 W. WATERS AVENUE 2310 W. WATERS AVENUE SUITE B SUITE B TAMPA FL 33604 TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address 2310 W.WATERS AVE. 2310 W. WATERS AVE Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE-B SUITE-B City & State City & State 4. FEI Number Applied For TAMPA, TAMPA, FLORIDA FLORIDA 59-3567330 Not Applicable Country USA ^z• -3:3604 Country ^{Zlp} 33604 \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPAREDA. EMELINE Street Address (P.O. Box Number is Not Acceptable) 2310 W. WATERS AVENUE SUITE B TAMPA FL 33804 City Zip Code FL 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 mi 9. This comporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change XET Addition PRESIDENT NAME NAME MARY G. CRUZ CR2EG34 STREET ADDRESS STREET ADDRESS 8649 N. HIMES AVE. # 102 CITY-51-717 CITY-ST-7IP FLORIDA TITLE ☐ Addition Deleta TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .me Addition NAME NAME STREET ADDRESS STIRLET ADDRESS CITY_ST. XE CITY-ST-792 TITLE C. Deleta !*_ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-71P TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY - \$7 - 21P CITY-ST-ZIP TITLE Delata [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 suppliemental report is true and accurate and that my signature shell have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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.

7/7/21

Destina Phone A



July 10, 2000

From: PAIN MANAGEMENT CENTER, INC. 2310 W. WATERS AVE. STE B TAMPA, FL. 33604

-To:-- UNION BUSINESS REPORT DIVISION OF CORPORATIONS P. O. BOX 1500 TALLAHASSEE, FL. 32302-1500

Ref: UNIFORM BUSINESS REPORT, 2000 **DOCUMENT # P99000013682**

Dear Sir or Madam:

The above referenced report was received on June 7, 2000. Since we are not familiar with this form, we placed a call to your office today, July 10, 2000, for an inquiry. I was told to write and explain to you that this is the first time we have received this type of report. I enclosed a check for \$150.00 and mailed it immediately as instructed by you.

I hope this will satisfy your filing requirements. Please write to us if you should need any other additional information.

Respectfully yours,

E. C. Capareda