

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/21

DOCUMENT # P99000013682

1. Entity Name

APEX PAIN MANAGEMENT CENTER, INC. (PHYSICAL THER

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90161 023 \*\*\*150.00

Principal Place of Business

2310 W. WATERS AVENUE  
SUITE B  
TAMPA FL 33604

Mailing Address

2310 W. WATERS AVENUE  
SUITE B  
TAMPA FL 33604

2. Principal Place of Business

2310 W. WATERS AVE.

Suite, Apt. #, etc.

SUITE-B

3. Mailing Address

2310 W. WATERS AVE.

Suite, Apt. #, etc.

SUITE-B

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33604

Country

USA

Zip

33604

Country

USA

4. FEI Number

59-3567330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPAREDA, EMELINE  
2310 W. WATERS AVENUE  
SUITE B  
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

N/A

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<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
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	PRESIDENT MARY G. CRUZ 8649 N. HIMES AVE. # 102 TAMPA, FLORIDA 33604	<input type="checkbox"/> Change <input checked="" 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
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
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: *Emeline Capareda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E1034 (1/200)

Attachment  
D# P99000013682

309555

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*

E. C. Capareda