2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000013682 **DOCUMENT #**

1. Entity Name

APEX PAIN MANAGEMENT CENTER, INC. (PHYSICAL THER



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90044 009 ***158.75

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Principal Place of Business 2310 W WATERS AVE SUITE B TAMPA FL 33604 US 2. Principal Place of Business		2310 SUITE TAME US	Mailing Address 2310 W WATERS AVE SUITE B TAMPA FL 33604 US 3. Mailing Address							
			J. IVIA	illing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State				4. FEI Number 59-3567330 Applied For Not Applied be			
Zip Country		Zip		Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Currer	nt Registere	ed Agent	L	<u> </u>	7	Name and Address of New Regist	· · · · · · · · · · · · · · · · · · ·	irea
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CAPAREDA, EMELINE 2310 W. WATERS AVENUE						Street Address	(P.O. E	Box Number is Not Acceptable)		
SUITE B	WAIERS AV	ENUE						1.00		
TAMPA FL 33604						City			FL Zip C	ode
8. The above the obligations of the obligations. SIGNATURE	tions of regist	y submits this statement ered agent	for the pur	ose of changing its	register	ed office or registe	ered aç	gent, or both, in the State of Florida.	1 am familiar wi	th, and accept
JIGINATORE	Signature, typed	or printed name of registered ager	nt and title if app		- Decises				DATE	
		7		ilicable. (NOTE	z. negistere	d Agent signature require	d when r	reinstating)	DAIL	
Afte	r May 1, 20	FEE IS \$150.00 Fee will be \$550.00 Florida Department)	MCADIE. (NOTE	z. negistere	d Agent signature require	d when r	9. Election Campaign Financir Trust Fund Contribution.		.00 May Be ded to Fees
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SIGNATURE:

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SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #