

\$150.00


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 20 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032748
 1. Entity Name
PAIN REHABILITATION AND THERAPY CENTER, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8372 S.W. 8TH STREET
 Suite, Apt. #, etc.

3. Mailing Address
8372 S.W. 8TH STREET
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33144

Country
US

Zip
33144

Country
US

REINSTATEMENT 03

4. FEI Number
65-0915084

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **LAZARO Y. RIVERA**

Street Address (P.O. Box Number is Not Acceptable)
8880 S.W. 11 ST

City **MIAMI** FL Zip Code **33174**

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. I am familiar with, and accept the obligations of registered agent.

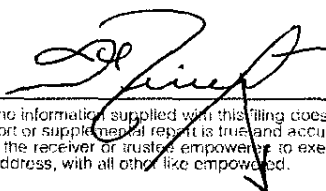
SIGNATURE  DATE **10/17/03**

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust: Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P/S/D) LAZARO Y. RIVERA 2621 WEST 73 PLACE HAILEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE **10/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)