

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061605

1. Entity Name

Advanced Pain Management & Rehabilitation Center  
of Orlando, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

716 East Colonial Drive

Suite, Apt. #, etc.

3. Mailing Address

717 East Oak Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

City & State

Kissimmee, FL

Zip

34744

Country

4. FEI Number

59-3586989

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

Name

Andrew J. Baumruk

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

717 East Oak Street

City

Kissimmee

FL

Zip Code

34744

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

8/2/00

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P S T			
	Leticia de Guzman Antonio	11902 Cassiabark Court	Orlando, FL 32837	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LETICIA G. ANTONIO

8-8-00

Date

407-468-2478

Daytime Phone #

CR2E034 (9/99)



CERTIFIED PUBLIC ACCOUNTANTS ♦ BUSINESS & FINANCIAL CONSULTANTS

July 28, 2000

Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Annual Report  
Advanced Pain Management & Rehabilitation  
Center of Orlando, Inc.

**To Whom It May Concern:**

Our client, Advanced Pain Management & Rehabilitation Center of Orlando, Inc., was incorporated on August 20, 1999. This being their first year of existence, they were unaware of the filing requirements to keep their corporation active.

Attached is a completed Annual Report for the year 2000 we prepared on their behalf and their payment of \$150.00. We ask that you abate the penalty for the reasons stated above. To ensure that report is received and filed in a timely manner, we have changed the mailing address of the corporation to our office.

**Thank you for your consideration and we await your decision.**

Sincerely,

**Swart Baumruk & Company, LLP**

Andy J. Baumruk, CPA

## Enclosures