

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071154

1. Entity Name

CENTER FOR PROGRESSIVE PAIN MANAGEMENT, INC. *R*

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90152 041 ***150.00
 07-12-2000 90007 010 ***150.00

Principal Place of Business

1154 N.W. 108TH TERR.
 PLANTATION FL 33322

Mailing Address

1154 N.W. 108TH TERR.
 PLANTATION FL 33322

2. Principal Place of Business

500 SE 17th

3. Mailing Address

500 SE 17th

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

230

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

65-0945950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASE, JOHN W
 2900 E. OAKLAND PARK BLVD., THIRD FLOOR
 FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

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 reinstating)

DATE

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 \$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 ☐ Delete
 NAME D BLYWEISS, DAVID
 STREET ADDRESS 1154 N.S. 108TH TERR.
 CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

CFO 7/13/2000 (954) 522-2234
 Date Daytime Phone #

CR 014 (1/00)

ATTACHMENT
P99000071154
B 0103410

Center for Progressive Pain Management Inc.

(954)522-2234 Fax(954) 522-2295 500 SE 17th St. #230 Ft. Laud., FL 33316

July 13, 2000

Florida Dept. of State Division of Corporations

To Whom It May Concern,

We did not receive the first notice to pay this fee. A form was faxed to us in early May and we sent the form to your office with a check for \$150.00 on May 7th, 2000. I received another notice from your office stating that we still owed the filing fee as of July 2000..

I called your office and was told that you never received the form and \$150.00 we sent in May. I was told to fill out this form, write this letter and send in the \$150.00 amount that was due, I believe, in April and that we would be straightened out for this year. I checked our bank statement for June and the check we sent you was never cashed so it must have gotten lost.

Part of the problem is that the address our Corp. has listed is one of our Doctor's home address. I have changed the mailing address to our office for all correspondence in the future. I will check in about one month and make sure that has been officially accomplished.

Thank You,



Patricia Halprin
CFO