

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90083 005 ***150.00

DOCUMENT # P99000072273

1. Entity Name
PINES PAIN RELIEF CENTER, INC.



Principal Place of Business
**9990 SW 77TH AVE., PH-1
MIAMI, FL 33156**

Mailing Address
**9990 SW 77TH AVE., PH-1
MIAMI, FL 33156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0947001

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

**MARCUS, PAUL R
9990 SW 77TH AVE., PH-1
MIAMI, FL 33156**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROSENBERG, STEVEN**
STREET ADDRESS **9990 SW 77TH AVE., PH-1**
CITY-ST-ZIP **MIAMI, FL 33156**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Rosenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/03
Date

954-437-7777
Daytime Phone #

CR2E034 (10/02)



"Managed Care Providers"

Attachment

90138046

P99000072273

Pines Pain Relief Center

Steven Rosenberg, D.C.

1900 N. University Dr., Suite 104
Pembroke Pines, Florida 33024
(954) 437-7777

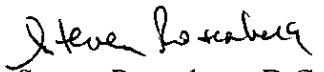
May 27, 2003

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

To whom it may concern:

Please find enclosed my 2003 signed UBR form with my check for \$150.00. My renewal form was never received by the registered agent and I did not realize until this past Tuesday that this form was late. Filing for my corporation has not been late in the past and I would appreciate your acceptance of my check.

Thank You,


Steven Rosenberg, D.C.