

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S76337**

1. Entity Name  
**ASSOCIATES FOR PAIN MANAGEMENT, INC.**



**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90117 018 \*\*\*150.00

0131315 AT

Principal Place of Business  
**6280 SUNSET DR.  
STE 410  
MIAMI FL 33143  
US**

Mailing Address  
**P O BOX 431851  
STE. 503  
MIAMI FL 33243-1851  
US**



2. Principal Place of Business  
**S** Suite, Apt. #, etc.  
**City & State**  
**Zip**  
**Country**

3. Mailing Address  
**6280 SUNSET DRIVE**  
**SUITE 410**  
**City & State**  
**Zip**  
**Country**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0274216** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**VILASUSO, FRANCISCO X M.D.  
6280 SUNSET DR.  
~~STE. 503~~  
MIAMI FL 33143**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6280  
SUITE 410**  
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 DATE **8/4/03**

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VILASUSO, FRANCISCO X M.D.</b>		NAME		
STREET ADDRESS	<b>6280 SUNSET DR., STE. 503</b>		STREET ADDRESS	<b>6280 SUNSET DR SUITE 410</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/4/03** Daytime Phone # **305 661 3506**

CR2E034 (4/03)

Attachment

80136683  
# S76337

August 4, 2003

Florida Department of State  
Uniform Business Report Filings  
~~PO Box 1500~~  
Tallahassee FL 32302-1500

**RE: ASSOCIATES FOR PAIN MANAGEMENT INC**  
**DOC NUM: S76337 FORM: 2003 UBR**  
**FEI: 65-0274216**

Dear Sir or Madam:

Enclosed please find our check in the amount of \$150.00 representing the renewal fee for the 2003 Uniform Business Report for the taxpayer captioned above. We are respectfully requesting abatement of the penalty. We did not receive the original report as it was mailed to our previous address and was not forwarded to our current location. We have taken the necessary steps to ensure that this situation does not occur again by updating our current address on the report.

Please review your records and abate the penalties as we have made every effort to file and pay the renewal fee on a timely basis. In addition, please send us a letter stating that the matter has been resolved.

Thanking you in advance for your assistance and cooperation in this matter.

Sincerely,

Diego E. Cordova, CPA



Francisco Vilasuso, MD  
President

DEC/ar