# 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115916

Entity Name: CLEARWATER PAIN MANAGEMENT, INC.

# **Current Principal Place of Business:**

11 BAYMONT STREET

1604

CLEARWATER, FL 33767

# **Current Mailing Address:**

11 BAYMONT STREET 1604

CLEARWATER, FL 33767 US

FEI Number: 59-3759199 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

11 BAYMONT STREET 1604 CLEARWATER, FL 33767 US

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: ASHRAF HANNA 04/28/2022

> Electronic Signature of Registered Agent Date

# Officer/Director Detail:

Title

HANNA, ASHRAF Name

11 BAYMONT STREET Address

SIGNATURE: ASHRAF HANNA

City-State-Zip: CLEARWATER FL 33767

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Ρ

Electronic Signature of Signing Officer/Director Detail

04/28/2022

**FILED** Apr 28, 2022

**Secretary of State** 

6901309392CC

Date