

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054185

Entity Name: CLEARWATER PAIN MANAGEMENT CENTER, INC.**Current Principal Place of Business:**11 BAYMONT STREET
1604
CLEARWATER, FL 33767**Current Mailing Address:**2250 DREW STREET
CLEARWATER, FL 33765 US**FEI Number:** 59-3759199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANNA, ASHRAF F
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	HANNA, ASHRAF F
Address	11 BAYMONT STREET 1604
City-State-Zip:	CLEARWATER FL 33767
Title	SECRETARY
Name	HANNA, MIRANDA
Address	3509 SHORELINE CIRCLE
City-State-Zip:	PALM HARBOR FL 34684
Title	TREASURER
Name	HANNA, MIRANDA
Address	11 BAYMONT STREET 1604
City-State-Zip:	CLEARWATER FL 33767

Title	MGR
Name	GASSMAN, ALAN ESQ
Address	1245 COURT ST, SUITE 102
City-State-Zip:	CLEARWATER FL 33756
Title	VP
Name	HANNA, MIRANDA
Address	11 BAYMONT STREET 1604
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.

SIGNATURE: ASHRAF HANNA**PRESIDENT****02/19/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date