2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT				
DOCUMENT# L11000062330				
Entity Name: CLEARWATER PAIN MANAGEMENT ASSOCIATES DIVISION, LLC				
Current Principal Place of Business:				
1901 ULMERTON ROAD, SUITE 450				

Current Mailing Address:

CLEARWATER, FL 33762

1901 ULMERTON ROAD, SUITE 450 CLEARWATER, FL 33762

FEI Number: 45-2660987

Name and Address of Current Registered Agent:

AEBEL, ERIN S 101 E. KENNEDY BLVD. SUITE 2800 TAMPA, FL 33602 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MANTELL, SCOTT	Name	BORRELLI, PAUL
Address	1901 ULMERTON ROAD, SUITE 450	Address	1901 ULMERTON ROAD, SUITE 450
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762
Title	MGR	Title	MGR
Name	CHEN, EDWARD	Name	KAIAFAS, DEMETRIOS
Address	1901 ULMERTON ROAD, SUITE 450	Address	1901 ULMERTON ROAD, SUITE 450
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762
Title	MGR		
Name	CUTTING, DAVID		
Address	1901 ULMERTON ROAD, SUITE 450		
City-State-Zip:	CLEARWATER FL 33762		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT MANTELL

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date