


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H91114 1. Entity Name ARTHRITIS PAIN TREATMENT CENTER OF CLEARWATER, FLORIDA, P.A.	
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Principal Place of Business 712 GRAND CENTRAL STREET CLEARWATER, FL 33756	Mailing Address 712 GRAND CENTRAL STREET CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE

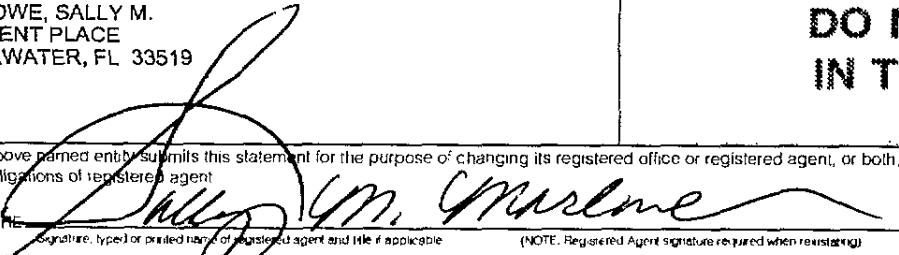


03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2784276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARLOWE, SALLY M. 2221 KENT PLACE CLEARWATER, FL 33519
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IN THIS SPACE**

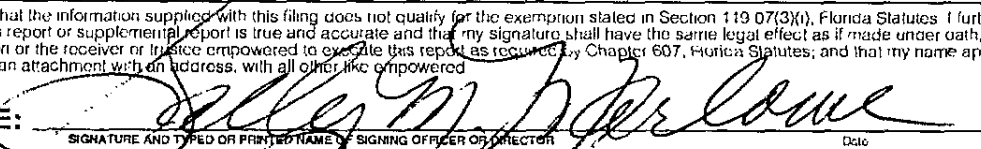
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE 4/13/04 <small>(NOTE: Registered Agent Signature required when re-registering)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PM MARLOWE, SALLY M. 2221 KENT PLACE CLEARWATER, FL 33519
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05. 04-90144-015 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date _____ Daytime Phone # _____