

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021598

FILED  
Mar 16, 2008  
Secretary of State

Entity Name: GULF SHORE PAIN MANAGEMENT, P.A.

## Current Principal Place of Business:

2727 W. MLK JR. BLVD, SUITE 760  
TAMPA, FL 33607

## New Principal Place of Business:

2727 W. MLK JR. BLVD,  
SUITE 760  
TAMPA, FL 33607

## Current Mailing Address:

134 MARY'S CHAPEL CT  
OSPREY, FL 34229

## New Mailing Address:

FEI Number: 54-2092823      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CANNATA, ROSETTA V M.D.  
134 MARY'S CHAPEL CT.  
OSPREY, FL 34229      US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVPS ( ) Delete  
Name: CANNATA, ROSETTA  
Address: 134 MARY'S CHAPEL CT  
City-St-Zip: OSPREY, FL 34229

Title: T ( ) Delete  
Name: CANNATA, ROSETTA  
Address: 134 MARY'S CHAPEL CT  
City-St-Zip: OSPREY, FL 34229

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROSETTA V. CANNATA MD

PVPS

03/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date