

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075794

FILED
Feb 04, 2004
Secretary of State

Entity Name: OUTPATIENT PAIN AND WELLNESS CENTER, INC.

Current Principal Place of Business:

4602 N ARMENIA AVE
D-2
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

4602 N ARMENIA AVE
D-2
TAMPA, FL 33602

New Mailing Address:

FEI Number: 31-1801439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHLEEN CLEMENTS D C
201 W LAUREL ST
#911
TAMPA, FL 33602 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: P () Delete
Name: CLEMENTS, KATHLEEN
Address: 201 W LAUREL ST 911
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHY CLEMENTS

P

02/04/2004

Electronic Signature of Signing Officer or Director

Date