

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90035 012 ***150.00

DOCUMENT # P01000075794 1. Entity Name OUTPATIENT PAIN AND WELLNESS CENTER, INC.					
Principal Place of Business 4602 N ARMENIA AVE B-5 TAMPA, FL 33603			Mailing Address 4602 N ARMENIA AVE B-5 TAMPA, FL 33603		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 31-1801439			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 KATHLEEN CLEMENTS D C 201 W LAUREL ST #911 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name PUNIWANI, AMEET Street Address (P.O. Box Number is Not Acceptable) 30632 IVERSON DR City WESLEY CHAPEL FL Zip Code 33543		
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: 3/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMENTS, KATHLEEN 201 W LAUREL ST 911 TAMPA, FL 33602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			4-15-08 813-874-6600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		