

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

1. Entity Name  
CENTER FOR PAIN MANAGEMENT, INC.



Mailing Address  
1005 W. BUSCH BLVD  
# 105  
TAMPA, FL 33612

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
55-0821903

Applied For	Not Applied
<p>1. <u>Applied For</u></p> <p>2. <u>Not Applied</u></p>	<p>1. <u>Applied For</u></p> <p>2. <u>Not Applied</u></p>

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

WATERS, CODY W  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REW, JOHN B
STREET ADDRESS	1005 WEST BUSCH BOULEVARD, SUITE 105
CITY-ST- ZIP	TAMPA, FL 33612

TITLE	D
NAME	STEVENS, PATTY JO
STREET ADDRESS	1005 WEST BUSCH BOULEVARD, SUITE 105
CITY - ST - ZIP	TAMPA, FL 33612

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000000000  
000000000000

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: Patty Jo Stevens Patty Jo Stevens

1-25-05 813-931-005