

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000024449

1. Entity Name

CENTER FOR PAIN MANAGEMENT, INC.



Principal Place of Business

1005 W. BUSCH BLVD
105
TAMPA, FL 33612

Mailing Address

1005 W. BUSCH BLVD
105
TAMPA, FL 33612



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0821903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

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, 2007 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

U000000659834
03/19/07-80002-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-07

813/931-0056