

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054185

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** CLEARWATER PAIN MANAGEMENT CENTER, INC.

**Current Principal Place of Business:**

3509 SHORELINE CIRCLE  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

3509 SHORELINE CIRCLE  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

2250 DREW STREET  
CLEARWATER, FL 33765 US

FEI Number: 59-3759199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANNA, ASHRAF F  
3509 SHORELINE CIRCLE  
PALM HARBOR, FL 34684 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  
Name: HANNA, ASHRAF F  
Address: 3509 SHROELINE CIRCLE  
City-St-Zip: PALM HARBOR, FL 34684 US

I hereby 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 all other like empowered.

SIGNATURE: ASHRAF F HANNA

P

04/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date