2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# P03000054185

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:

2250 DREW STREET
CLEARWATER, FL 33765 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: MGR
Name: BURCH, TODD CFO
Address: 2250 DREW STREET
City-St-Zip: CLEARWATER, FL 33765 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: TODD BURCH CFO 04/25/2011

Electronic Signature of Signing Officer or Director Date