

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF
DIVISION OF CORPORATIONS

06 OCT 20 04 34

RENEW STATEMENT 06

04/24/06 90416 043 \$150.00



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1190750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOSEPH, LAMOTHE
~~903 JONES AVENUE~~ 622 Reflection Loop W
~~HAINES CITY, FL 33844~~ Winter Haven, FL 33884

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 *Joseph Lamothe* DATE 4-7-06
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOSEPH, LAMOTHE 903 JONES AVENUE 622 Reflection Loop W HAINES CITY, FL 33844 Winter Haven, FL 33884
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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: *Joseph Lamothe* Lamothe Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Auburndale Bookkeeping & Tax Service
335 Havendale Blvd
Auburndale, FL 33823
863-965-1161
Fax: 863-965-2245

October 16, 2006

Division of Corporations
Attn: Gary Blankenbaker
PO Box 6327
Tallahassee, FL 32314

RE: Haines City Pain Management, Inc.
Document# P04000085869


Dear Sir:

Enclosed is a copy of the 2006 For Profit Corporation Annual Report for the above listed account that was mailed in on April 7, 2006 along with a copy of check number 6221 front and back.

Per our conversation of today I was informed a letter was generated on May 1, for further information. To my knowledge this letter was never received by the above client. Please forgo all late fees and penalties with regard to this Corporation. The annual fee is on the fiscal record as received.

Thanking you in advance for looking into this matter for us.

Sincerely,



Ginger Walker
Auburndale Bookkeeping