

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139060

FILED
Mar 23, 2009
Secretary of State

Entity Name: SPORTS & INTERVENTIONAL PAIN MEDICINE P.A.

Current Principal Place of Business:

5622 MARINE PARKWAY
18
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

8849 HAWBUCK STREET
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

PO BOX 340287
TAMPA, FL 33694 US

New Mailing Address:

FEI Number: 20-5263177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHENG, HUIWEN
15812 BEREA DRIVE
ODESSA, FL 335563425 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: PRE () Delete
Name: YEN, EATON
Address: 15812 BEREA DR
City-St-Zip: ODESSA, FL 33556 US

Title: SEC () Delete
Name: CHENG, HUIWEN
Address: 15812 BEREA DR
City-St-Zip: ODESSA, FL 33556 US

Title: TRE (X) Delete
Name: CHENG, HUIWEN
Address: 15812 BEREA DR
City-St-Zip: ODESSA, FL 33556 US

Title: DIR (X) Delete
Name: YEN, EATON
Address: 15812 BEREA DR
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRE (X) Change () Addition
Name: CHENG, HUIWEN
Address: 15812 BEREA DR
City-St-Zip: ODESSA, FL 33556 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HUIWEN CHENG

TRE

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date