

# 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 BEREAD 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 BEREAD DR  
City-St-Zip: ODESSA, FL 33556 US

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

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

Title: DIR (X) Delete  
Name: YEN, EATON  
Address: 15812 BEREAD 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 BEREAD 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