

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139060

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

8849 HAWBUCK STREET  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

8140 PICTON WAY  
SUITE 103  
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  
**Name:** YEN, EATON  
**Address:** 15812 BEREAD DR  
**City-St-Zip:** ODESSA, FL 33556 US

**Title:** TRE  
**Name:** CHENG, HUIWEN  
**Address:** 15812 BEREAD DR  
**City-St-Zip:** ODESSA, FL 33556 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:** HUIWEN CHENG

TRE

02/18/2010

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

\_\_\_\_\_  
Date