FILED
Jun 30, 2008 8:00 am
Secretary of State

05-06-2008 90033 049 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000099153

1. Entity Name
CHARLOTTE PAIN CLINIC, INCORPORATED

Principal Place of Business	Mailing Address
3109 TAMIAMI TRAIL UNIT 3 PORT CHARLOTTE, FL 33952	3109 TAMIAMI TRAIL UNIT 3 PORT CHARLOTTE, FL 33952

02262008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number 26-0861546 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARRIS, NANCY J
32 TORRINGTON ST
PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: ______________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE President NAME Nancy Harris STREET ADDRESS 32 Torrington Street CITY-ST-ZIP Port Charlotte FL 33954	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Vice President NAME Lew A. Little STREET ADDRESS 3109 Tamiami Trail #3 CITY-ST-ZIP Port Charlotte, FL 33952	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/17/08 941-629-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[signature] 5/28/08

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P07000099153

1. Entity Name
CHARLOTTE PAIN CLINIC, INCORPORATED

Principal Place of Business	Mailing Address
3109 TAMIAMI TRAIL UNIT 3 PORT CHARLOTTE, FL 33952	3109 TAMIAMI TRAIL UNIT 3 PORT CHARLOTTE, FL 33952

66014941

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06252008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0861546 — Applied For / Not Applicable

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HARRIS, NANCY J
32 TORRINGTON ST
PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President NAME: NANCY Harris STREET ADDRESS: 32 Torrington Street CITY-ST-ZIP: Port Charlotte, FL 33954	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Vice President NAME: Lew A. Little STREET ADDRESS: 3109 Tamiami Trail #3 CITY-ST-ZIP: Port Charlotte, FL 33952	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: [signature] NANCY Harris 6/25/08 941-629-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

16014941

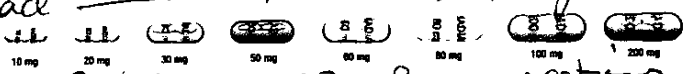
#P07000099153

This is the copy returned with the letter dated June 6, 2008. I also reprinted another Renewal Report and completed it incase it is easier to read — Thank you, Nancy H

KADIAN®

Morphine Sulfate Extended-Release Capsules

10mg • 20mg • 30mg • 50mg • 60mg • 80mg • 100mg • 200mg



Capsules are not shown at actual size.

941-629-3000 for questions

Please see accompanying complete Prescribing Information.