FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008379 (6)

1. Corporation Name

CLEARWATER PAIN MANAGEMENT ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
[illegible]	[illegible]
[illegible]	[illegible]
CLEARWATER FL 34616-1992	CLEARWATER FL 34616-1992

3. Date Incorporated or Qualified: 02/01/1995
3a. Date of Last Report:

2. Principal Place of Business		2a. Mailing Address	
21	300 Jeffords Street	26	300 Jeffords Street
Suite, Apt. #, etc		Suite, Apt. #, etc	
22	Suite B	27	Suite B
City & State		City & State	
23		28	
24 Zip	25 Country	29 Zip	30 Country

4. FEI Number: 59-3311553 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RACKSTEIN, ANDREW D
[illegible]
[illegible]
CLEARWATER FL 34616-1992

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 300 Jeffords Street
83 Suite B
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	President ☐ DELETE
NAME	Charles A. Kottmeier
STREET ADDRESS	300 Jeffords Street - Suite B
CITY-ST-ZIP	Clearwater, FL 34616
TITLE	~~Vice President~~ ☒ DELETE
NAME	~~Winton H. Burns~~
STREET ADDRESS	~~300 Jeffords Street - Suite B~~
CITY-ST-ZIP	~~Clearwater, FL 34616~~
TITLE	~~Vice President~~ ☒ DELETE
NAME	~~Stephen T. Barasch~~
STREET ADDRESS	~~300 Jeffords Street - Suite B~~
CITY-ST-ZIP	~~Clearwater, FL 34616~~
TITLE	Secretary/Treasurer ☐ DELETE
NAME	Andrew D. Rackstein
STREET ADDRESS	300 Jeffords Street - Suite B
CITY-ST-ZIP	Clearwater, FL 34616
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] CHARLES A. KOTTMEIER 4/19/96 (813) 441-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #