2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 08, 2006 8:00 am Secretary of State 05-08-2006 90293 036 ***150 00 DOCUMENT # P95000008379 1. Entity Name CLEARWATER PAIN MANAGEMENT ASSOCIATES, P.A. Principal Place of Business Mailing Address 430 MORTGON PLANT STREET 300 JEFFORDS ST. SUITE 210 CLEARWATER, FL 33756 CLEARWATER, FL 33756 US Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 04242006 CR2E034 (11/05) City & State • 4. FEI Number Applied For 59-3311553 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RACKSTEIN, ANDREW D 300 JEFFORDS ST. STE B CLEARWATER, FL 34616-1992 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Ohanne ■ Addition TITLE TITLE Mantel CHARLES A KOTTMEIR NAME NAME po settiral St, SteB 300 JEFFORDS ST STE B STREET ADDRESS STREET ADDRESS learwater, FU 337520 CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP ☐ Addition Delete hange TITI F TITLE NAME ANDREW D. RACKSTEIN STREET ADDRESS 300 JEFFORDS ST STE B STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME 300 Settords St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change **D** Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jeanoote 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.

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2006 FOR PROFIT CORPORATION ATTACHMENT

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DOCUMENT # P95000008379 1. Entity Name CLEARWATER PAIN MANAGEMENT ASSOCIATES, P.A.									
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2. Principal Place of Business Plant St. 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					04242006	Chg-P	CR2E034 (1	1/05)	
City & State City & State City & State					4. FEI Numbe 59-3311				pplied For
Zip B3776 Country Zip Coun			Country	у		of Status Desired		75 Add	fitional
···	6. Name and Address of Current i	<u> </u>		7. Name and	Address of Naw R				
Name					cott Mantell				
RACKSTEIN, ANDREW D 300 JEFFORDS ST.				Street Address (P.O. Box Number is Not Acceptable)					
STE B	URD3 51.				<u> </u>				
CLEARWATER, FL 34616-1992				300 Tettorde St Ste B					
				City CP	anizate	·y- '	FL Z	PS 25	150
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 NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
	.E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	- Tours Fried Course	-		ed to Fees				
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRE	CTORS	S IN 11
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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:									
···	MONATURE AND TURED OR DR	INTED NAME OF SIGNING OFFICER O	D DIRECTOR			Dale	Dayılme Pr	1008 #	