


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90293 036 \*\*\*150.00

<b>DOCUMENT # P95000008379</b> 1. Entity Name <b>CLEARWATER PAIN MANAGEMENT ASSOCIATES, P.A.</b>			
Principal Place of Business <b>430 MORTGON PLANT STREET SUITE 210 CLEARWATER, FL 33756 US</b>		Mailing Address <b>300 JEFFORDS ST. B CLEARWATER, FL 33756 US</b>	
2. Principal Place of Business <b>430 Mortgon Plant St.</b> Suite, Apt. #, etc. <b>Ste 210</b> City & State <b>Clearwater, FL</b> Zip <b>33756</b> Country <b>US</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>59-3311553</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RACKSTEIN, ANDREW D 300 JEFFORDS ST. STE B CLEARWATER, FL 34616-1992</b>		7. Name and Address of New Registered Agent Name <b>Scott Mantell</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 Jeffords St Ste B</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33756</b>	
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 <u><i>Scott Mantell</i></u> DATE <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P CHARLES A KOTTMEIR 300 JEFFORDS ST STE B CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Scott Mantell 300 Jeffords St, Ste B Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDREW D. RACKSTEIN 300 JEFFORDS ST STE B CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Paul Borrelli 300 Jeffords St, Ste B Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Winton Burns 300 Jeffords St Ste B Clearwater, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Edward Chen 300 Jeffords St, Ste B Clearwater, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V J. Conway Dabriel 300 Jeffords St, Ste B Clearwater, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Charles Kottmeier 300 Jeffords St, Ste B Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u><i>Scott Mantell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/28/06</u> (727) 441-1524 <small>Daytime Phone #</small>	

# 2006 FOR PROFIT CORPORATION ATTACHMENT ANNUAL REPORT

<b>DOCUMENT # P95000008379</b> 1. Entity Name CLEARWATER PAIN MANAGEMENT ASSOCIATES, P.A.			
Principal Place of Business 430 MORTGON PLANT STREET SUITE 210 CLEARWATER, FL 33756 US		Mailing Address 300 JEFFORDS ST. B CLEARWATER, FL 33756 US	
2. Principal Place of Business 430 Mortgon Plant St Suite, Apt. #, etc. Suite 210		3. Mailing Address Suite, Apt. #, etc.	
City & State Clearwater		City & State	
Zip B3756		Country	
4. FEI Number 59-3311553		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RACKSTEIN, ANDREW D 300 JEFFORDS ST. STE B CLEARWATER, FL 34616-1992		7. Name and Address of New Registered Agent Name Scott Mantell Street Address (P.O. Box Number is Not Acceptable) 300 Jeffords St, Ste B City Clearwater FL Zip Code 33756	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CHARLES A KOTTMEIR 300 JEFFORDS ST STE B CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Andrew Rackstein 300 Jeffords St, Ste B Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ANDREW D. RACKSTEIN 300 JEFFORDS ST STE B CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Saul Tuchman 300 Jeffords St, Ste B Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V William Vermazen 300 Jeffords St, Ste B Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V John Raul 300 Jeffords St, Ste B Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Alan Rudolph 300 Jeffords St, Ste B Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Demetrios Kalafas 300 Jeffords St, Ste B Clearwater, FL 33756
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	