## **2007 FOR PROFIT CORPORATION**

## FILED May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT**

MAME STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP TITLE SCHECK ADDRESS CITY-ST-ZIP TITLE NAME BORRELLI, PAUL STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP CLEARWATER, FL	1. Entity Nam	MENT # P95000000 e ATER PAIN MANAGEMEN		۹.		South		90069 006 ****1	30.00
4.0 MB/CION PLANT STREET   300 DEFFORDS ST.	Principal Place	e of Business	Mailing Address			٠	, 0 -		
SUITE 210			<del>-</del>			· .			
2. Principal Place of Business - No P.O. Box # 3. Mealing Address    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4282007   ChgP   CR2E934 (12/06)  City & State   City & State   4. FEI Number   Sp-3311553   Nat. #Applied For Sp-3311553   Nat. #Ap						٠,			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Q482007   ChgP   CR2E034 (12/06)	CLEARWATER	R, FL 33756 US	CLEARWATER, FL 337	56 U	S	1 10 00 10 00 110			FILES II 1511
City & State  City & State Address of New Registered Agent  Name  City & State Address of New Registered Agent  Name  City & State Address of New Registered Agent  City & FL  Zip Code  City &	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Special Country   Zop   Country   Special   Special   Status Desired   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007	Chg-P	CR2E034 (12/06)		
S. Certificate of address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registering direct wave in operand and its replacement.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registering dispersions.  8. The Address of New Registered Agent Submits in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for registered agent, or both, in the State of Florida.  9. Election Campapin Financing for registered agent, or both, in the State of Florida.  10.	City & State		City & State					<u> </u>	•
SCOTT MANTELL 300 JEFFORDS ST. STE B CLEARWATER, FL 34616-1992  City FL Zip Code  Ci	Zip	Country	Zip Count		ntry	5 Certificate of Status Desired \$8.75 Additional			
SCOTT MANTELL 300 JEFFORDS ST. STE B CLEARWATER, FL 34616-1992    City   FL   Zip Code	<u> </u>	6. Name and Address of Curren	t Registered Agent		T	7. Name and	Address of New Ro	egistered Agent	
SITE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  P					Name				
CLEARWATER, FL 34616-1992    City   FL   Zip Code	300 JEFFORDS ST.				Street Address (P.O. Box Number is Not Acceptable)				
The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Suppers type of British and agent.  SIGNATURE Suppers type of British and the Familian agent type of the party of the par	<del>                                    </del>						-		
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 agent.    1					City			FL Zip Coo	le
SIGNATURE Signature Indeed agent.  FILE NOWILI FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS	9 The above	named entity submits this statement	or the purpose of changing its	s register	ed office or regis	stered agent, or both	n, in the State of Flo		and accept
ARTOR May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE   P	the obligat	ions fit registered agent.					4-3	0-2007 DATE	
TITLE   NAME   MANTELL, SCOTT   STREET ADDRESS   STREET	FIL After Ma	ay 1, 2007 Fee will be \$550	.00 Trust Fund Con	tribution.	Ā	dded to Fees			
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12. I necessive the control of the c			ith this filing does not qualify I			ned 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 it changed, or on an attachment with an addyss, with all other like empowered.

Daytime Phone #