

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008379

FILED
Apr 23, 2009
Secretary of State

Entity Name: CLEARWATER PAIN MANAGEMENT ASSOCIATES, P.A.

Current Principal Place of Business:

430 MORTON PLANT STREET
SUITE 210
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

300 JEFFORDS ST.
B
CLEARWATER, FL 33756 US

New Mailing Address:

300 JEFFORDS ST.
SUITE B
CLEARWATER, FL 33756 US

FEI Number: 59-3311553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT MANTELL
300 JEFFORDS ST.
STE B
CLEARWATER, FL 346161992 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANTELL, SCOTT
Address: 300 JEFFORDS ST STE B
City-St-Zip: CLEARWATER, FL 33756

Title: S () Delete
Name: BORRELLI, PAUL
Address: 300 JEFFORDS ST STE B
City-St-Zip: CLEARWATER, FL 33756

Title: V () Delete
Name: CHEN, EDWARD
Address: 300 JEFFORDS ST. STE B
City-St-Zip: CLEARWATER, FL 33756

Title: V () Delete
Name: DABNEY, J. CONWAY
Address: 300 JEFFORDS ST. STE B
City-St-Zip: CLEARWATER, FL 33756

Title: V () Delete
Name: KOTTMEIER, CHARLES
Address: 300 JEFFORDS ST. STE B
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT MANTELL

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date