

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008379

FILED
Mar 30, 2012
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.
SUITE B
CLEARWATER, FL 33756 US

New Mailing Address:

430 MORTON PLANT STREET
SUITE 210
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 33756 US

Name and Address of New Registered Agent:

SCOTT MANTELL
430 MORTON PLANT ST
SUITE 210
CLEARWATER, FL 33756 US

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:

03/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MANTELL, SCOTT
Address: 430 MORTON PLANT ST, SUITE 210
City-St-Zip: CLEARWATER, FL 33756

Title: S
Name: BORRELLI, PAUL
Address: 430 MORTON PLANT ST, SUITE 210
City-St-Zip: CLEARWATER, FL 33756

Title: V
Name: CHEN, EDWARD
Address: 430 MORTON PLANT ST, SUITE 210
City-St-Zip: CLEARWATER, FL 33756

Title: V
Name: DABNEY, J. CONWAY
Address: 430 MORTON PLANT ST, SUITE 210
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: SCOTT MANTELL

P

03/30/2012

Electronic Signature of Signing Officer or Director

Date