2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000008379

1. Entity Name

CLEARWATER PAIN MANAGEMENT ASSOCIATES, P.A.



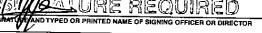
FILED Mar 04, 2003 8:00 am Secretary of State

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City & State Secretificate of Status Deared Search Search Secretificate of Status Deared Search Name Address (P.O. Box Number is Not Acceptable) Secretificate of Status Deared Agent	2. Principal Place of Business				
Zip Country Zip Country S-9-3311553 Apobled Enzh Most Applications S-9-3311553 Apobled Enzh Most Applications S-9-3311553 Apobled Enzh Most Applications S-9-3311553 Sec. Optificate of Status Desired Se. 75 Additional Feedback Sec. Optificate of Status Desired Se. 75 Additional Feedback Sec. Optificate of Status Desired Se. 75 Additional Feedback Sec. Optificate of Status Desired Se. 75 Additional Feedback Sec. Optificate of Status Desired Se. 75 Additional Feedback Sec. Optificate of Status Desired Agent Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
So, Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. 8. Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity 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 obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the department of state of registered agent, or both, in the State of Florida. I am familiar with, and accept the department of registered agent, or both, in the State of Florida. I am familiar with, and accept the department of registered agent, or both, in the State of Florida. I am familiar with, and accept the department of registered agent, or both, in the State of Florida. I am familiar with, and accept the department of registered agent, or both, in the State of Florida. I am familiar with, and accept the department o	City & State		City & State		4. FEI Number 59-3311553 Applied For
RACKSTEIN, ANDREW D 300 JEFFORDS ST. STE B CLEARWATER FL 34616-1992 6. The above named circlity submits this sistement 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 obligation of registered agent or brightered agent or brightered agent. SIGNATURE Signature, typed or predate rate of registered agent and title if applicable. ChDTE Registered Agent sequence recurred where reareastrop) After May 1, 2000 Fee will be \$550.00 After May 2, 2000 Fee will be \$550.00	Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
ACKSTEIN, ANDREW D 300 JEFFORDS ST. STE 8 CLEARWATER FL 34616-1992 6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State		6. Name and Address of C	Surrent Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				Name	Address of New Registered Agent.
STE B CLEARWATER FL 34616-1992 6. The above named enerty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligation of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligation of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligation of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligation of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligation of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligation of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligation of registered agent, or both in the state of Floride. I am familiar with, and accept the obligation of registered agent, or both in the state of Floride. I am familiar with, and accept th				Street Addi	dress (P.O. Box Number is Not Acceptable)
B. The above named antily 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 Signature Signature of Provides agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME CHARLES A KOTTMEIR 300 JEFFORDS ST STE B CLEARWATER FL 33758 CITY-ST-2P CLEARWATER FL 33758 TITLE ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 NAME ANDREW D. RACKSTEIN SIREET ADDRESS CITY-ST-2P CLEARWATER FL 33758 TITLE NAME ANDREW D. RACKSTEIN SIREET ADDRESS CITY-ST-2P CLEARWATER FL 33758 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAM	- · · · · · · · · · · · · · · · · · · ·				
8. The above named entity 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. The obligations of registered agent are determined from 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 are determined from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the	CLEARWATER FL 34616-1992			City	Zip Code
SIGNATURE Signature hypotic or printed name or registered agent and title if applicable. INOTE Registered Agent signature required when reinstating) DATE	8. The above	named entity submits this stater	ment for the purpose of changing	no ite registered office or re-	Opintored and the last to the
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State To. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-ST-2IP CLEARWAITER FL 33756 TITLE ANDREW D. RACKSTEIN 300 JEFFORDS ST STE B CLEARWAITER FL 33756 TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIRET ADDRESS CI	Ū			ig no registered office of ref	gistered agent, or both, in the State of Florida. I am familiar with, and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-ZP THE NAME STREET ADDRESS CITY-ST-ZP		Signature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: Registered Agent signature re	required when reinstating) DATE
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE NAME STREET ADDRESS DITY-ST-ZIP THE NAME ST	Afte	r May 1, 2003 Fee will be \$55	50.00		9. Election Campaign Financing \$5.00 May Be
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET					
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME S					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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CITY-ST-ZIP CLEARWATER FL 33756 CLEARWATER FL 34756 CLEARWATER	TITLE NAME STREET ADDRESS	ANDREW D. RACKSTEIN	☐ Delete	NAME	☐ Change ☐ Addition
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	ITY-ST-ZIP	ertify that the information supplies	d with this filling does not asset to	CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



2/26/23

727-411-1521

Daytime Phone #