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Secretary of State
02-06-2007 90009 028 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000000026

1. Entity Name
CENTRAL FLORIDA PAIN MANAGEMENT, INC.

Principal Place of Business	Mailing Address
410 1ST STREET S WINTER HAVEN, FL 33880	410 1ST STREET S WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3548123
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, E. SNOW JR.
200 LAKE MORTON DR.
LAKELAND, FL 33801

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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: A Lipson MD 02-15-07
(Signature, typed or printed name of registered agent and, if applicable, the officer certifying the corporation's acceptance) (NOTE: An officer's signature required when reinstating) DATE

FILE NOW!!! ~~FEB 15~~ $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIPSON, ANA DELIA
STREET ADDRESS	410 1ST STREET S
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: A Lipson MD 3/07/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANA DeliA LipSON MD.
PRESIDENT