

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000054185

**Entity Name:** CLEARWATER PAIN MANAGEMENT CENTER, INC.

**Current Principal Place of Business:**

11 BAYMONT STREET  
1604  
CLEARWATER, FL 33767

**Current Mailing Address:**

2250 DREW STREET  
CLEARWATER, FL 33765 US

**FEI Number: 59-3759199**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HANNA, ASHRAF F  
11 BAYMONT STREET  
1604  
CLEARWATER, FL 33767 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HANNA, ASHRAF F  
Address        11 BAYMONT STREET  
                  1604  
City-State-Zip: CLEARWATER FL 33767

Title            MGR  
Name            GASSMAN, ALAN ESQ  
Address        1245 COURT ST, SUITE 102  
City-State-Zip: CLEARWATER FL 33756

Title            SECRETARY  
Name            HANNA, MIRANDA  
Address        11 BAYMONT STREET  
                  1604  
City-State-Zip: CLEARWATER FL 33767

Title            VP  
Name            HANNA, MIRANDA  
Address        11 BAYMONT STREET  
                  1604  
City-State-Zip: CLEARWATER FL 33767

Title            TREASURER  
Name            HANNA, MIRANDA  
Address        11 BAYMONT STREET  
                  1604  
City-State-Zip: CLEARWATER FL 33767

*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: ASHRAF F HANNA**

**PRESIDENT**

**04/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date