

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054185

Entity Name: CLEARWATER PAIN MANAGEMENT CENTER, INC.

Current Principal Place of Business:

3509 SHORELINE CIRCLE
PALM HARBOR, FL 34684

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
3509 SHORELINE CIRCLE
PALM HARBOR, FL 34684 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 P
Name HANNA, ASHRAF F
Address 3509 SHROELINE CIRCLE
City-State-Zip: PALM HARBOR FL 34684

Title MGR
Name GASSMAN, ALAN ESQ
Address 1245 COURT ST, SUITE 102
City-State-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: ASHRAF F HANNA

PRESIDENT

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date