

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054185

Entity Name: CLEARWATER PAIN MANAGEMENT CENTER, INC.

FILED
Apr 23, 2021
Secretary of State
6117306023CC

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 | SECRETARY |
| Name | HANNA, MIRANDA |
| Address | 3509 SHORELINE CIRCLE |
| City-State-Zip: | PALM HARBOR FL 34684 |
| Title | TREASURER |
| Name | HANNA, MIRANDA |
| 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 | VP |
| 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

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date