

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054185

Entity Name: CLEARWATER PAIN MANAGEMENT CENTER, INC.

FILED
Feb 19, 2019
Secretary of State
0642044870CC

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 3509 SHORELINE CIRCLE
City-State-Zip: PALM HARBOR FL 34684

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 HANNA

PRESIDENT

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date