

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040337

FILED
Apr 20, 2012
Secretary of State

Entity Name: PAIN MANAGEMENT OF NORTH FLORIDA, INC.

Current Principal Place of Business:

4131 SOUTH UNIVERSITY BLVD.
SUITE 11
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4131 SOUTH UNIVERSITY BLVD.
SUITE 11
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3638249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLEY, STEPHEN E
4201 BAYMEADOWS RD. STE 4
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: POLLAK, SANFORD
Address: 4131 S. UNIVERSITY BLVD., SUITE 11
City-St-Zip: JACKSONVILLE, FL 32216

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: SANFORD Z. POLLAK

PST

04/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date