

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111882

FILED
Mar 05, 2009
Secretary of State

Entity Name: MUSCLE-SKELETAL PAIN CENTER, P.A.

Current Principal Place of Business:

6040 SE HIGHWAY 314A
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

PO BOX 4800
OCALA, FL 34478

New Mailing Address:

FEI Number: 82-0568755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, DARREL
7326 SE 12TH CIRCLE
OCALA, FL 34480 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: POLLAK, SANFORD Z
Address: 4131 SOUTH UNIVERSITY BLVD # 11
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANFORD Z. POLLAK

PST

03/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date