

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V46130 (3)

1. Corporation Name
TRAUMA & PAIN MANAGEMENT CENTERS, INC.



Principal Place of Business 9765 SAN JOSE BLVD. JACKSONVILLE FL 32257	Mailing Address P O BOX 24237 JACKSONVILLE FL 32241-4237 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4131 S. University Blvd Suite, Apt. #, etc. 22 Building #11 City & State 23 Jacksonville, FL Zip 24 32216 Country 25 USA	2a. Mailing Address 26 4131 S. University Blvd Suite, Apt. #, etc. 27 Building #11 City & State 28 Jacksonville, FL Zip 29 32216 Country 30 USA
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3. Date Incorporated or Qualified 06/22/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3128420	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

POLLAK, CHERYL
9765 SAN JOSE BLVD.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4131 S. University Boulevard
83	Building #11
84 City	Jacksonville
85 Zip Code	FL 32216

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST <input type="checkbox"/> DELETE
NAME	POLLAK, SANFORD
STREET ADDRESS	3836 N.E. 19TH ST. CIR
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	POLLAK, SANFORD
STREET ADDRESS	3836 N.E. 19TH ST. CIR
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4131 S. University Blvd., Bldg.#11
1.4 CITY-ST-ZIP	Jacksonville, FL 32216
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4131 S. University Blvd., Bldg.#11
2.4 CITY-ST-ZIP	Jacksonville, FL 32216
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sanford Pollak* (904) 636-7755

CR2E034 (10/97)