


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V46130
 1. Entity Name
TRAUMA & PAIN MANAGEMENT CENTERS, INC.



Principal Place of Business Mailing Address
4131 S UNIVERSITY BLVD **4131 S UNIVERSITY BLVD**
BUILDING #11 **BUILDING #11**
JACKSONVILLE FL 32216 **JACKSONVILLE FL 32216**
US **US**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3128420** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
POLLAK, CHERYL
4131 S UNIVERSITY BOULEVARD BLDG #11
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	POLLAK, SANFORD	4131 S UNIVERSITY BLVD BLDG #11	JACKSONVILLE FL 32216	<input type="checkbox"/>
D	POLLAK, SANFORD	4131 S UNIVERSITY BLVD BLDG #11	JACKSONVILLE FL 32216	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 03/09/04-80029-011 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sanford Pollak* Date: 1-22-04 (904) 636-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #