2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 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 BUILDING #11 JACKSONVILLE, FL 32216 US	4131 S UNIVERSITY BLVD BUILDING #11 JACKSONVILLE, FL 32216 US

DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	POLLAK, SANFORD
STREET ADDRESS	4131 S UNIVERSITY BLVD BLDG #11
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	POLLAK, SANFORD
STREET ADDRESS	4131 S UNIVERSITY BLVD BLDG #11
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 D. Pollak 3/17/05 (904)636-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #