


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 08:00 A
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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number Applied For
59-3128420 Not Applicable

Zip Country Zip Country

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 _____ DATE _____
Signature typed or printed name of the registered agent and title in this space. Registered Agent's signature required when remaining in office.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST POLLAK, SANFORD 4131 S UNIVERSITY BLVD BLDG #11 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000871643 04/10/08-80007-008 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

SIGNATURE: *Sanford Pollak* 2/12/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duplicate Phone #