

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46130

FILED
Apr 20, 2012
Secretary of State

Entity Name: TRAUMA & PAIN MANAGEMENT CENTERS, INC.

Current Principal Place of Business:

4131 S UNIVERSITY BLVD
BUILDING #11
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4131 S UNIVERSITY BLVD
BUILDING #11
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3128420 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POLLAK, CHERYL
4131 S UNIVERSITY BOULEVARD BLDG #11
JACKSONVILLE, FL 32216 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

OFFICERS AND DIRECTORS:

Title: PST
Name: POLLAK, SANFORD
Address: 4131 S UNIVERSITY BLVD BLDG #11
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: POLLAK, SANFORD
Address: 4131 S UNIVERSITY BLVD BLDG #11
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: SANFORD Z. POLLAK

PST

04/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date