

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040337

Entity Name: PAIN MANAGEMENT OF NORTH FLORIDA, INC.

Current Principal Place of Business:

4131 SOUTH UNIVERSITY BLVD.
SUITE 11
JACKSONVILLE, FL 32216

Current Mailing Address:

4131 SOUTH UNIVERSITY BLVD.
SUITE 11
JACKSONVILLE, FL 32216

FEI Number: 59-3638249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TILLEY, STEPHEN E
4201 BAYMEADOWS RD. STE 4
JACKSONVILLE, FL 32217 US

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

Officer/Director Detail :

Title D
Name POLLAK, SANFORD
Address 4131 S. UNIVERSITY BLVD., SUITE 11
City-State-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 POLLAK

PRESIDENT

04/12/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date