

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46130

Entity Name: TRAUMA & PAIN MANAGEMENT CENTERS, INC.

Current Principal Place of Business:

4131 S UNIVERSITY BLVD
BUILDING #11
JACKSONVILLE, FL 32216

Current Mailing Address:

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

FEI Number: 59-3128420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLLAK, CHERYL
4131 S UNIVERSITY BOULEVARD BLDG #11
JACKSONVILLE, FL 32216 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	PST	Title	PRESIDENT
Name	POLLAK, SANFORD	Name	POLLAK, SANFORD Z DR.
Address	4131 S UNIVERSITY BLVD BLDG #11	Address	4131 S UNIVERSITY BLVD BUILDING #11
City-State-Zip:	JACKSONVILLE FL 32216	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 Z. POLLAK

PRESIDENT

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date