


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000040337**

1. Entity Name  
**PAIN MANAGEMENT OF NORTH FLORIDA, INC.**



Principal Place of Business      Mailing Address

**4131 SOUTH UNIVERSITY BLVD.  
 SUITE 11  
 JACKSONVILLE, FL 32216**

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 SUITE 11  
 JACKSONVILLE, FL 32216**



01192008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3638249**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**TILLEY, STEPHEN E  
 4465 BAY MEADOWS RD., STE 3  
 JACKSONVILLE, FL 32217**

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

11000000463179  
 03/21/06-80066-004 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.

SIGNATURE: Sanford Pollak      Date: 3/8/06      (904) 636-7755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #