

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040337

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4131 SOUTH UNIVERSITY BLVD.  
SUITE 11  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4131 SOUTH UNIVERSITY BLVD.  
SUITE 11  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-3638249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New 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: STEPHEN E. TILLEY

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: POLLAK, SANFORD  
Address: 4131 S. UNIVERSITY BLVD., SUITE 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, D.O.

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date