

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018612

FILED
Mar 29, 2006
Secretary of State

Entity Name: HOLLSTROM CENTER FOR BACK & NECK PAIN, INC.

Current Principal Place of Business:

5288 SEMINOLE BOULEVARD
ST. PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

9941 SAGO POINT DRIVE
LARGO, FL 33777

New Mailing Address:

5288 SEMINOLE BOULEVARD
ST. PETERSBURG, FL 33708

FEI Number: 86-1050688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFSTRA, PETER T
8640 SEMINOLE BLVD
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

FALLON, SEAN M
5288 SEMINOLE BOULEVARD
ST. PETERSBURG, FL 33708 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: DR. SEAN M. FALLON

03/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: HOLLSTROM, GREGORY V
Address: 9941 SAGO POINT DR
City-St-Zip: LARGO, FL 33777

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: HOLLSTROM, GREGORY V
Address: 5288 SEMINOLE BOULEVARD
City-St-Zip: ST. PETERSBURG, FL 33708

Title: DR () Change (X) Addition
Name: FALLON, SEAN M
Address: 5288 SEMINOLE BOULEVARD
City-St-Zip: ST. PETERSBURG, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SEAN M FALLON

DR

03/29/2006

Electronic Signature of Signing Officer or Director

Date