2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2007
Secretary of State

DOCUMENT# P06000011646

Entity Name: NEXSTEP INTEGRATED PAIN CARE, INC.

Current Principal Place of Business:

450-106 STATE ROAD 13 NORTH #304
JACKSONVILLE, FL 322593863

New Principal Place of Business:

12276-104 SAN JOSE BLVD
JACKSONVILLE, FL 32223

Current Mailing Address:

450-106 STATE ROAD 13 NORTH #304
JACKSONVILLE, FL 322593863

New Mailing Address:

FEI Number: 20-4186926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, JR., WILLIAM S M.D.
450-106 STATE ROAD 13 NORTH #304
JACKSONVILLE, FL 322593863 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JACOBS, JR, WILLIAM S M.D.
Address: 450-106 STATE ROAD 13 NORTH #304
City-St-Zip: JACKSONVILLE, FL 322593863

Title: D ( ) Delete
Name: HUNT, JOHN B M.D.
Address: 450-106 STATE ROAD 13 NORTH #304
City-St-Zip: JACKSONVILLE, FL 322593863

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM S. JACOBS, JR. MD D 03/18/2007
Electronic Signature of Signing Officer or Director Date