

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011646

FILED
Apr 01, 2011
Secretary of State

Entity Name: NEXSTEP INTEGRATED PAIN CARE, INC.

Current Principal Place of Business:

12276-104 SAN JOSE BLVD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12276-104 SAN JOSE BLVD
JACKSONVILLE, FL 32223

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.
12276-104 SAN JOSE BLVD
JACKSONVILLE, FL 32223 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: JACOBS, WILLIAM S JR
Address: 12276-104 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP
Name: HUNT, JOHN B M.D.
Address: 12276-104 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32223 US

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: WILLIAM S JACOBS, JR MD

PRES

04/01/2011

Electronic Signature of Signing Officer or Director

Date