

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90039 042 \*\*\*150.00

<b>DOCUMENT # P07000012699</b> 1. Entity Name <b>NORTH FLORIDA PAIN CENTER, P.A.</b>			
Principal Place of Business <b>1532 TRALEE CT N JACKSONVILLE, FL 32221</b>		Mailing Address <b>1532 TRALEE CT N JACKSONVILLE, FL 32221</b>	
2. Principal Place of Business - No P.O. Box # <b>5851 TIMUQUANA ROAD</b>		3. Mailing Address <b>5851 TIMUQUANA ROAD</b>	
Suite, Apt. #, etc. <b>SUITE 401</b>		Suite, Apt. #, etc. <b>SUITE 401</b>	
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>	
Zip <b>32210</b>	Country	Zip <b>32210</b>	Country
4. FEI Number <b>20-8353816</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAUDILL, JEFFREY D 1532 TRALEE CT N JACKSONVILLE, FL 32221</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>5851 TIMUQUANA ROAD, SUITE 401</b> City <b>JACKSONVILLE</b> State <b>FL</b> Zip Code <b>32210</b>	
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 <u><i>Jeffrey D Caudill</i></u> DATE <u>1/21/08</u> <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>CAUDILL, JEFFREY D 1532 TRALEE CT N JACKSONVILLE, FL 32221</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Jeffrey D Caudill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/21/08</u> Daytime Phone # <u>904 317 5069</u>	