

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116180

FILED  
Feb 01, 2008  
Secretary of State

Entity Name: JACKSONVILLE PAIN CENTER, PA

## Current Principal Place of Business:

420 EAST KESLEY LANE  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

10236 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

## Current Mailing Address:

420 EAST KESLEY LANE  
JACKSONVILLE, FL 32259

## New Mailing Address:

P.O. BOX 600290  
JACKSONVILLE, FL 32260

FEI Number: 26-1104719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAH, HEMANT MD  
420 EAST KESLEY LANE  
JACKSONVILLE, FL 32259 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: SHAH, HEMANT MD  
Address: 420 EAST KESLEY LANE  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: HEMANT SHAH, MD

MD

02/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date