

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000024453

FILED
Mar 01, 2010
Secretary of State

Entity Name: OMEGA PAIN CENTER JACKSONVILLE, INC.

Current Principal Place of Business:

837 LAUREL AVENUE
VENICE, FL 342854720 US

New Principal Place of Business:

Current Mailing Address:

837 LAUREL AVENUE
VENICE, FL 342854720 US

New Mailing Address:

FEI Number: 26-4607543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COKER, JAMES H
837 LAUREL AVENUE
VENICE, FL 34285 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: PD
Name: COKER, JAMES H
Address: 837 LAUREL AVENUE
City-St-Zip: VENICE, FL 34285 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: JAMES H COKER

P/D

03/01/2010

Electronic Signature of Signing Officer or Director

Date