2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 28, 2010
Secretary of State

DOCUMENT# P09000024453

Entity Name: OMEGA PAIN CENTER JACKSONVILLE, INC.

Current Principal Place of Business:

837 LAUREL AVENUE
VENICE, FL 342854720 US

New Principal Place of Business:

3101 UNIVERSITY BLVD. SOUTH
203
JACKSONVILLE, FL 32216 US

Current Mailing Address:

837 LAUREL AVENUE
VENICE, FL 342854720 US

New Mailing Address:

3101 UNIVERSITY BLVD. SOUTH
203
JACKSONVILLE, FL 32216 US

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:

TOWERY, JERREL E
301 W. VENICE AVENUE
VENICE, FL 34285 US

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: JERREL E. TOWERY 09/28/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTSD
Name: BEAMAN, RODERICK T
Address: 3557 TWISTED TREE LANE
City-St-Zip: JACKSONVILLE, FL 32216 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: RODERICK T. BEAMAN P 09/28/2010
Electronic Signature of Signing Officer or Director Date