

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000018410

FILED
Jan 10, 2011
Secretary of State

Entity Name: JACKSONVILLE PAIN & INJURY CENTER, INC

Current Principal Place of Business:

4051 PHILIPS HIGHWAY - SUITE 2
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4051 PHILIPS HIGHWAY - SUITE 2
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 27-2694309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TEICHMAN, HARRY P ESQ
400 N. ASHLEY DRIVE - SUITE 2010
TAMPA, FL 33601 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: PD
Name: ALMONTE, CARLOS M.D.
Address: 4051 PHILIPS HIGHWAY - SUITE 2
City-St-Zip: JACKSONVILLE, FL 32207

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: CARLOS ARTURO ALMONTE, MD

PRES

01/10/2011

Electronic Signature of Signing Officer or Director

Date