

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 30, 2008 08:00 AM  
Secretary of State**



07182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3523458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DOCUMENT # P98000068508**  
1. Entity Name  
**PAIN MANAGEMENT SPECIALISTS OF NORTH FLORIDA,  
P.A.**

Principal Place of Business <b>1301 PLANTATION ISLAND DR. SUITE 301 SAINT AUGUSTINE, FL 32080</b>	Mailing Address <b>1093 A1A BEACH BLVD. SUITE 390 ST.AUGUSTINE, FL 32080</b>
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**  
  
**MONZON, RAUL A  
1301 PLANTATION ISLAND DR.  
SUITE 301  
SAINT AUGUSTINE, FL 32080**

**DO NOT WRITE  
IN THIS SPACE**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees  
Trust Fund Contribution

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P MONZON, RAUL A 1301 PLANTATION ISLAND DR., STE 301 SAINT AUGUSTINE, FL 32080
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07/30/08-80003-022 150.00

**DO NOT WRITE  
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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:** *Raul Monzon* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 7/21/08 **Date**                      **Daytime Phone #**