

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16737

FILED
Feb 21, 2011
Secretary of State

Entity Name: CENTER FOR RESEARCH AND TREATMENT OF TMJ, HEADACHES AND FACIAL PAIN, A
PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

7410 MERRILL RD
#2
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

7410 MERRILL RD
#2
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3041508 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DRAPER, STEPHEN W.
2303 SHIPWRECK DRIVE
JACKSONVILLE, FL 32224 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: P
Name: DRAPER, STEPHEN W.
Address: 2303 SHIPWRECK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP
Name: DRAPER, LANDRA C.
Address: 2303 SHIPWRECK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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: STEPHEN W. DRAPER

P

02/21/2011

Electronic Signature of Signing Officer or Director

Date