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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V46130 (3)

1. Corporation Name

TRAUMA & PAIN MANAGEMENT CENTERS, INC.

Principal Place of Business

9765 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Mailing Address

P O BOX 24237
JACKSONVILLE FL 32241-4237
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1992

4. FEI Number

59-3128420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4131 S. University Blvd.

2a 4131 S. University Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Building #11

27 Building #11

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Zip

Country

Country

24 32216

29 32216

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLLAK, CHERYL
9765 SAN JOSE BLVD.
JACKSONVILLE FL 32257

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4131 S. University Boulevard

83 Building #11

84 City

Jacksonville

FL

85 Zip Code
32216

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PST
STREET ADDRESS POLLAK, SANFORD
CITY-ST-ZIP 3836 N.E. 19TH ST. CIR
OCALA FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS POLLAK, SANFORD
CITY-ST-ZIP 3836 N.E. 19TH ST. CIR
OCALA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4131 S. University Blvd., Bldg. #11
1.4 CITY-ST-ZIP Jacksonville, FL 32216

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4131 S. University Blvd., Bldg. #11
2.4 CITY-ST-ZIP Jacksonville, FL 32216

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sanford Pollak

(904) 636-7755

CR2E034 (10/97)