


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V46130</b> 1. Entity Name <b>TRAUMA &amp; PAIN MANAGEMENT CENTERS, INC.</b>					
Principal Place of Business <b>4131 S UNIVERSITY BLVD BUILDING #11 JACKSONVILLE FL 32216 US</b>			Mailing Address <b>4131 S UNIVERSITY BLVD BUILDING #11 JACKSONVILLE FL 32216 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc			3. Mailing Address  Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3128420</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>POLLAK, CHERYL 4131 S UNIVERSITY BOULEVARD BLDG #11 JACKSONVILLE FL 32216</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				FL   Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST POLLAK, SANFORD 4131 S UNIVERSITY BLVD BLDG #11 JACKSONVILLE FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000082422 03/09/04-80029-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLAK, SANFORD 4131 S UNIVERSITY BLVD BLDG #11 JACKSONVILLE FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:** *Sanford Pollak* **1-22-04 (904) 636-7755**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #