


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # V46130	
1. Entity Name TRAUMA & PAIN MANAGEMENT CENTERS, INC.	

Principal Place of Business 4131 S UNIVERSITY BLVD BUILDING #11 JACKSONVILLE, FL 32216 US	Mailing Address 4131 S UNIVERSITY BLVD BUILDING #11 JACKSONVILLE, FL 32216 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3128420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POLLAK, CHERYL 4131 S UNIVERSITY BOULEVARD BLDG #11 JACKSONVILLE, FL 32216
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**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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST POLLAK, SANFORD 4131 S UNIVERSITY BLVD BLDG #11 JACKSONVILLE, FL 32216
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IN THIS SPACE**

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03/18/05-80021-013 150.00

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* **3/17/05 (904) 636-7755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone