2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # V46130

1. Entity Name

TRAUMA & PAIN MANAGEMENT CENTERS, INC.

Principal Place of Business	Mailing Address
4131 S UNIVERSITY BLVD BUILDING #11 JACKSONVILLE FL 32216 US	4131 S UNIVERSITY BLVD BUILDING #11 JACKSONVILLE FL 32216 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3128420 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLLAK, CHERYL 4131 S UNIVERSITY BOULEVARD BLDG #11 JACKSONVILLE FL 32216	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 _____
Signature, typed or printed name of registered agent and title if corporate. NOTE: Registered Agent's signature required when filing a) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POLLAK, SANFORD	NAME	U00000871643
STREET ADDRESS	4131 S UNIVERSITY BLVD BLDG #11	STREET ADDRESS	04/10/08-80007-008 150.00
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POLLAK, SANFORD	NAME	
STREET ADDRESS	4131 S UNIVERSITY BLVD BLDG #11	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #