


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000027851
1. Entity Name
TALLAHASSEE NEUROSURGERY PAIN MANAGEMENT, LLC



Principal Place of Business Mailing Address
1401 CENTERVILLE ROAD, SUITE 300 1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE



02212005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0307088 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CUFFE, MARK J M.D.
1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 32308

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

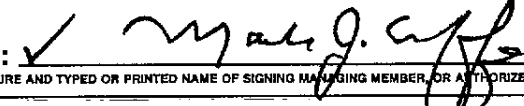
U00000292497
04/07/05-80074-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUFFE, MARK J M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUMANA, CHRISTOPHER S M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  3/17/05 (850) 8776054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #