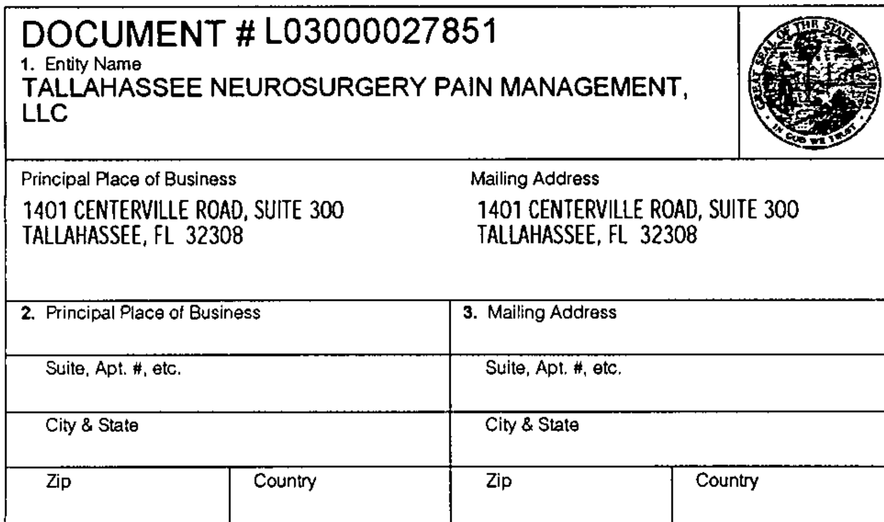
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State
07-11-2006 90119 034 ****50.00



DOCUMENT # L03000027851

1. Entity Name
TALLAHASSEE NEUROSURGERY PAIN MANAGEMENT, LLC

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

07032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	MGR	☐ Change ☒ Addition
NAME	TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.	
STREET ADDRESS	1401 CENTERVILLE ROAD, BOX 210	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark Cuffe [signature] 7/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #