


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90205 001 ****50.00

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**

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



02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-0307088 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUFFE, MARK J M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code
	FL

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, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUFFE, MARK J M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CADUCOUS PROPERTIES, LLC. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUMANA, CHRISTOPHER S M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308 <input checked="" 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	MGR TALLAHASSEE MEMORIAL HEALTH VENTURES, INC 1401 CENTERVILLE RD, BOX 210 TALLAHASSEE, FL 32308 <input checked="" 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	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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Christopher Rumana Date: 2/23/07 Daytime Phone #: 850 877 5215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE