

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027851

FILED
Mar 19, 2009
Secretary of State

Entity Name: TALLAHASSEE NEUROSURGERY PAIN MANAGEMENT, LLC

Current Principal Place of Business:

1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-0307088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUFFE, MARK J M.D.
1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CADUCEUS PROPERTIES., LLC
Address: 1401 CENTERVILLE ROAD, SUITE 300
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 J. CUFFE

MD

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date