2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:02

DOCUMENT # L05000013328

1. Entity Name
HEALTH VENTURES PAIN MANAGEMENT, LLC

Principal Place of Business	Mailing Address
1401 CENTERVILLE ROAD, SUITE 210 TALLAHASSEE, FL 32308	1401 CENTERVILLE ROAD, SUITE 210 TALLAHASSEE, FL 32308

04072008 Chg-LLC CR2E083 (12/06)

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

4. FEI Number
APPLIED FOR
☐ Applied For
☐ 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
DAVIS, JUDY 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TALLAHASSEE MEMORIAL HEALTH VENTURES, INC. 1401 CENTERVILLE ROAD, SUITE 210 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700127440367 04/30/08--01049--017 **138.75
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ William A. Giudice 4/30/08 850-431-5238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #