2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# L10000019111

Entity Name: TRINITY PAIN CENTER, LLC

Current Principal Place of Business:

8146 CEREBELLUM WAY, SUITE 102
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

8146 CEREBELLUM WAY
SUITE 102
NEW PORT RICHEY, FL 34655

Current Mailing Address:

8146 CEREBELLUM WAY, SUITE 102
NEW PORT RICHEY, FL 34655

New Mailing Address:

8146 CEREBELLUM WAY
SUITE 102
NEW PORT RICHEY, FL 34655

FEI Number: 27-2007397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WITTMANN, CHRISTOPHER J P.A.-C
2955 LANDING WAY
PALM HARBOR, FL 34684 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
Name: BETHEL, ADRIAN B M.D.
Address: 405 BERWICK AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby 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 Statues.

SIGNATURE: ADRIAN BETHEL, M.D. MGR 04/14/2011

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