

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000019111

FILED
Apr 23, 2012
Secretary of State

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:

Current Mailing Address:

8146 CEREBELLUM WAY
SUITE 102
NEW PORT RICHEY, FL 34655

New Mailing Address:

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 Statutes.

SIGNATURE: ADRIAN BETHEL

MGR

04/23/2012

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