

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115194

Entity Name: PAIN CARE MANAGEMENT, LLC

Current Principal Place of Business:

5036 DR PHILLIPS BLVD
337
ORLANDO, FL 32819

Current Mailing Address:

5036 DR PHILLIPS BLVD
337
ORLANDO, FL 32819

FEI Number: 26-3902591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LONG, CONNIE R
713 DUFF DR
ORLANDO, FL 34787 US

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

Authorized Person(s) Detail :

Title MGRM
Name LONG, CONNIE R
Address 5036 DR PHILLIPS BLVD
City-State-Zip: ORLANDO FL 32819

Title MGRM
Name LONG, ANNA B
Address 5036 DR PHIOLLIPS BLVD
City-State-Zip: ORLANDO FL 32819

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONNIE R LONG

MANAGING MEMBER

04/13/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date