2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2013
Secretary of State
CC2823279746

DOCUMENT# L10000019111

Entity Name: TRINITY PAIN CENTER, LLC

Current 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

FEI Number: 27-2007397

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADRIAN BETHEL, M.D. MEMBER 04/08/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date