

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000122944

**Entity Name:** PAIN SOURCE, LLC

**Current Principal Place of Business:**

15310 AMBERLY DRIVE  
SUITE 300  
TAMPA, FL 33647

**Current Mailing Address:**

15310 AMBERLY DRIVE  
SUITE 300  
TAMPA, FL 33647

**FEI Number:** 46-1036754

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAYMOND, J. PAUL  
625 COURT STREET SUITE 200  
CLEARWATER, FL 33756 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 PICCIANO, JOHN R  
Address 15310 AMBERLY DRIVE, STE. #300  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name COHEN, ROBERT M  
Address 15310 AMBERLY DRIVE, STE. #300  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name O'SHEA, JAMES E  
Address 15310 AMBERLY DRIVE  
SUITE 300  
City-State-Zip: TAMPA FL 33647

*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:** JAMES E. O'SHEA

**MGR**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date