

2015 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	Title	MGR
Name	PICCIANO, JOHN R	Name	COHEN, ROBERT M
Address	15310 AMBERLY DRIVE, STE. #300	Address	15310 AMBERLY DRIVE, STE. #300
City-State-Zip:	TAMPA FL 33647	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: JOHN R. PICCIANO

MGR

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date