

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000002202

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE FLYNN FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

2808 W. M.L.K. JR. BLVD.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 152199
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3532874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, GREGORY T MD
2808 W DR MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607 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

GENERAL PARTNER INFORMATION:

Document #: P93000005603
Name: FLORIDA PAIN INSTITUTE, INC.
Address: POST OFFICE BOX 152199
City-St-Zip: TAMPA, FL 33684
Document #:
Name: FLYNN, GREGORY T
Address: POST OFFICE BOX 152199
City-St-Zip: TAMPA, FL 33684
Document #:
Name: DEJESUS, MYRNA I
Address: 3314 JEAN CIRCLE
City-St-Zip: TAMPA, FL 33629

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address: P O BOX 18145
City-St-Zip: TAMPA, FL 33679

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: GREGORY T FLYNN, MD

GP

02/23/2009

Electronic Signature of Signing General Partner

Date