# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 04, 2007**
**Secretary of State**

DOCUMENT# L00000005594

**Entity Name:** PAIN AND PALLIATIVE CARE ASSOCIATION LLC

**Current Principal Place of Business:**

827 N SUMMERLIN AVE
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

827 N SUMMERLIN AVE
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number: 59-3660310** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

VARGA, JAMES
827 N SUMMERLIN AVE
ORLANDO, FL 32803 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: VARGA, JAMES
Address: 827 N SUMMERLIN AVE
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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.

SIGNATURE: JAMES VARGA MGR 05/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date