2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# L01000010016

Entity Name: PAIN MANAGEMENT AND REHABILITATION INSTITUTES, LLC

Current Principal Place of Business:

126 BENTREE CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

126 BENTREE CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3729976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAY, GARY W MD
126 BENTREE CIRCLE
LAKE MARY, FL 32746

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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: JAY, GARY W MD
Address: 126 BENTREE CIRCLE
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY W. JAY, MD MGRM 04/29/2002

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