

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90105 025 ****50.00

DOCUMENT # L01000014791	
1. Entity Name PAIN MANAGEMENT OF BREVARD, P.L.C.	
2406 Principal Place of Business 2700 N COURTNEY PKWY MERRITT ISLAND, FL 32953	2406 Mailing Address 2700 N COURTNEY PKWY MERRITT ISLAND, FL 32953



07072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3639713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BLOOM, JOSEPH P 1930 HARBOR POINT MERRITT ISLAND, FL 32952	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, JOSEPH P 1930 HARBOR POINT MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARANIBAR, ROBERT 550 S. BREVARD AVENUE, UNIT 511 COCOA BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #