

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000014791

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** PAIN MANAGEMENT OF BREVARD, P.L.C.

**Current Principal Place of Business:**

2400 N COURTNEY PKWY  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

2400 N COURTNEY PKWY  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 59-3639713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLOOM, JOSEPH P DR.  
1930 HARBOR POINT  
MERRITT ISLAND, FL 32952 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  
Name: BLOOM, JOSEPH P DR.  
Address: 1930 HARBOR POINT  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR  
Name: ARANIBAR, ROBERT DR.  
Address: 3445 S ATLANTIC AVE #401  
City-St-Zip: COCOA BEACH, FL 32931

I hereby 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: JBLOOM MD

MGR

01/04/2012

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