

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020827

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** ANODYNE THERAPY, L.L.C.

**Current Principal Place of Business:**

13570 WRIGHT CIRCLE  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

13570 WRIGHT CIRCLE  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 59-3758658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURTZO, CRAIG  
13570 WRIGHT CIR  
TAMPA, FL 33626 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: TURTZO, CRAIG  
Address: 13570 WRIGHT CIRCLE  
City-St-Zip: TAMPA, FL 33626

**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:** CRAIG TURTZO

MGR

01/08/2009

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