## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000003634

FILED Jan 07, 2005 Secretary of State

01/07/2005

Entity Name: DOCTORS' PAIN MANAGEMENT ASSOCIATES, LLC

Current Principal Place of Business: New Principal Place of Business:

6388 SILVER STAR RD. 1D ORLANDO, FL 32818

Current Mailing Address: New Mailing Address:

6388 SILVER STAR RD. 1D ORLANDO, FL 32818

FEI Number: 01-0596916 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TURK, RICHARD

611 BROADWAY AVE.

ORLANDO, FL 32803 US

WEBSTER, PAUL S

6388 SILVER STAR RD.

# 1D

ORLANDO, FL 32818 US

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: PAUL S. WEBSTER

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: P ( ) Delete Title: MGRM (X) Change ( ) Addition

Name:WEBSTER, PAUL GName:WEBSTER, PAUL SAddress:6388 SILVER STAR RD., SUITE 1DAddress:6388 SILVER STAR RD., SUITE 1D

City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 TURN, RICHARD
 Name:

 Address:
 6388 SILVER STAR RD. SUITE 1D
 Address:

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:

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: PAUL S. WEBSTER MGRM 01/07/2005