

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003634

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** DOCTORS' PAIN MANAGEMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

825 EAST OAK STREET  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 420037  
KISSIMMEE, FL 34742

**New Mailing Address:**

**FEI Number:** 01-0596916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBSTER, PAUL S  
825 EAST OAK STREET  
KISSIMMEE, FL 34744 US

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

SYMONETTE, SHARON  
825 EAST OAK STREET  
KISSIMMEE, FL 34744 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:** SHARON SYMONETTE

04/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WEBSTER, PAUL S  
**Address:** 825 EAST OAK STREET  
**City-St-Zip:** KISSIMMEE, FL 34744

**Title:** MGRM  
**Name:** SYMONETTE, SHARON  
**Address:** 825 EAST OAK ST  
**City-St-Zip:** KISSIMMEE, FL 34744

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:** SHARON SYMONETTE

MGRM

04/09/2012

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