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1/9/2003-90199-011-$50.00-$50.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 27 AM 9:28

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019183

1. Entity Name

ANODYNE THERAPEUTICS, LLC

Anodyne Therapeutics LLC

Principal Place of Business
17131 RAINBOW TERRACE
ODESSA FL 33556

Mailing Address
17131 RAINBOW TERRACE
ODESSA FL 33556

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
17131 Rainbow Terr.	17131 Rainbow Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Odessa FL	City & State
Zip: 33556 Country: Hillsborough	Zip: 33556 Country: Hillsborough

4. FEI Number: 04 3706270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERTWELL, JODELL 17131 RAINBOW TERRACE ODESSA FL 33556	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE Mgrm Managing Partner ☐ Delete NAME Jodell Bertwell STREET ADDRESS 17131 Rainbow Terrace CITY-ST-ZIP Odessa FL 33556-2107	TITLE ☐ Change ☐ Addition NAME → STREET ADDRESS CITY-ST-ZIP
TITLE Mgm Managing Partner ☐ Delete NAME Dale Bertwell STREET ADDRESS 17131 Rainbow Terrace CITY-ST-ZIP Odessa, FL 33556	TITLE ☐ Change ☒ Addition NAME → STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E083 (10/02)

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: Jodell Bertwell January 3, 2003 813-792 9401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #