

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026614

FILED
Jun 26, 2009
Secretary of State

Entity Name: ALLIANCE MEDICAL PAIN MANAGEMENT, LLC

Current Principal Place of Business:

10213 LAKE CARROLL WAY
SUITE A
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

10213 LAKE CARROLL WAY
SUITE A
TAMPA, FL 33618

New Mailing Address:

FEI Number: 56-2297129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STONE, ERIC
10213 LAKE CARROLL WAY
SUITE A
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

STONE, ERIC
10213 LAKE CARROLL WAY
SUITE A
TAMPA, FL 33618 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: ERIC STONE

06/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STONE, CARISSA DR
Address: 10213 LAKE CARROLL WAY SUITE A
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: STONE, ERIC
Address: 10213 LAKE CARROLL WAY SUITE A
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERIC STONE

MGRM

06/26/2009

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