2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

DOCUMENT# L02000026614

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 ( )**

Name and Address of Current Registered Agent:

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

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

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 Statues.

SIGNATURE: ERIC STONE MGRM 03/31/2010

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