

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000027717

1. Entity Name
DESTIN PAIN MEDICINE AND REHABILITATION, L.L.C.



Principal Place of Business
**510 CORDAY ST.
PENSACOLA, FL 32503**

Mailing Address
**510 CORDAY ST.
PENSACOLA, FL 32503**



02102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1157140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOZIER, DANIEL R
24 WEST CHASE ST
PENSACOLA, FL 32501**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUBEN B. TIMMONS, M.D. 510 CORDAY ST. PENSACOLA, FL 32503
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02/22/05-80051-017 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/16/05 **(850) 969-9804**
Date Daytime Phone #