2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L02000033222

Entity Name: MEILUS MUSCULAR PAIN MANAGEMENT, LLC

Current Principal Place of Business:

2414 BEE RIDGE RD
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1509 S. LODGE DR.
SARASOTA, FL 34239

New Mailing Address:

2414 BEE RIDGE RD.
SARASOTA, FL 34239

FEI Number: 06-1665661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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/MEMBERS:

Title: MGR ( ) Delete
Name: VIZA MANAGEMENT, LLC,
Address: 1509 S. LODGE DR.
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL SLOAN MGR 04/28/2005

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