

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033222

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** MEILUS MUSCULAR PAIN MANAGEMENT, LLC

**Current Principal Place of Business:**

5725 LAWTON DR.  
SARASOTA, FL 34233

**New Principal Place of Business:**

5662 SWIFT ROAD.  
SARASOTA, FL 34231 CA

**Current Mailing Address:**

5725 LAWTON DR.  
SARASOTA, FL 34233

**New Mailing Address:**

5662 SWIFT ROAD.  
SARASOTA, FL 34231 CA

**FEI Number:** 06-1665661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLWORK, GINA E  
3907 HELENE ST.  
SARASOTA, FL 34233 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: MGR  
Name: WALLWORK, DAVID G MRG  
Address: 3907 HELENE ST.  
City-St-Zip: SARASOTA, FL 34233 CA

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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 Statutes.

SIGNATURE: DAVID WALLWORK

MGR

04/26/2011

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