

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L02000033761

1. Entity Name
BAYCARE PAIN ASSOCIATES, LLC



Principal Place of Business
**7050 GALL BLVD.
ZEPHYRHILLS, FL 33541**

Mailing Address
**P.O. BOX 1204
OLDSMAR, FL 34677**



03052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3090406

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELLINO, PAULA M
12016 WANDSWORTH DR.
TAMPA, FL 33626**

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
BELLINO, PAULA M
12016 WANDSWORTH DR.
TAMPA, FL 33626**

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03/22/07-80020-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/8/07

Date

813-263-2911

Daytime Phone #