2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003
Secretary of State

DOCUMENT# L02000033761

Entity Name: BAYCARE PAIN ASSOCIATES, LLC

Current Principal Place of Business:

7050 GALL BLVD.
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13951
TAMPA, FL 33681

New Mailing Address:

FEI Number: 75-3090406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELLINO, PAULA M
12016 WANDSWORTH DR.
TAMPA, FL 33626 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: BELLINO, PAULA M
Address: 12016 WANDSWORTH DR.
City-St-Zip: TAMPA, FL 33626

Title: MGR ( ) Delete
Name: HERN, DEDRA
Address: 3116 W. HARBORVIEW
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

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

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: PAULA BELLINO M 03/24/2003

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