2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L03000017271

Entity Name: PAIN CARE FIRST OF ORLANDO, LLC

Current Principal Place of Business:

1220 WEST COLONIAL DRIVE, STE. 102
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1220 WEST COLONIAL DRIVE, STE. 102
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 56-2359823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KATHERINE L ESQ
ICARD, MERRILL, CULLIS, TIMM, ET AL
2033 MAIN STREET, STE. 600
SARASOTA, FL 34237 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: MGRM ( ) Delete
Name: PAIN CARE FIRST, INC, .
Address: 1220 WEST COLONIAL DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

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: PAIN CARE FIRST, INC. MGRM 04/22/2005

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