

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017271

FILED
Apr 29, 2008
Secretary of State

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:

1201 WINTER GARDEN VINELAND ROAD
WINTER GARDEN, FL 34787

Current Mailing Address:

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

New Mailing Address:

1201 WINTER GARDEN VINELAND ROAD
WINTER GARDEN, FL 34787

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/MANAGERS:

Title: MGRM () Delete
Name: PAIN CARE FIRST, INC, .
Address: 1220 WEST COLONIAL DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PAIN CARE FIRST, INC, .
Address: 1201 WINTER GARDEN VINELAND ROAD
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KENNETH T. LESTER

PRES

04/29/2008

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