2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# L03000017271

Entity Name: PAIN CARE FIRST OF ORLANDO, LLC

Current Principal Place of Business:

5705 90TH AVENUE CIR E
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

5705 90TH AVENUE CIR E
PARRISH, FL 34219

New Mailing Address:

P.O. BOX 642
ELLENTON, FL 34222

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

Name and Address of Current Registered Agent:

KATHERINE L. SMITH, P.A.
715 N. WASHINGTON BLVD.,
SUITE B
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

KATHERINE L. SMITH, P.A.
6151 LAKE OSPREY DRIVE
THIRD FLOOR
SARASOTA, FL 34240 US

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: _____ 04/27/2010
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PAIN CARE FIRST, INC.
Address: 5705 90TH AVENUE CIR E
City-St-Zip: PARRISH, FL 34219

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 Statues.

SIGNATURE: KENNETH T. LESTER MGR 04/27/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date