


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90198 009 \*\*\*\*50.00

DOCUMENT # L03000017730					
1. Entity Name FLORIDA PAIN CONSULTANTS, LLC					
Principal Place of Business 2811 TAMiami TRAIL, STE. P PORT CHARLOTTE, FL 33952			Mailing Address 2811 TAMiami TRAIL, STE. P PORT CHARLOTTE, FL 33952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <del>36-0940430</del> 56-0946430	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLMES, DAVID A ESQ FARR, FARR, EMERICH, SIFRIT, ET AL 99 NESBIT STREET PUNTA GORDA, FL 33950-3636			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Florida Pain Consultants Closed June 1, 2004 No longer doing business		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	none <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADDONIZIO, MARK	NAME			
STREET ADDRESS	2811 TAMiami TRAIL	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 3395251	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____			Mark Addonizio 1-18-05 941-629-7337 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					