

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040563

FILED
Jul 05, 2005
Secretary of State

Entity Name: PAIN ACCIDENT INFORMATION NETWORK LLC

Current Principal Place of Business:

1724 GULF TO BAY BOULEVARD
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1724 GULF TO BAY BOULEVARD
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-3717784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PAPE, DAVID A
1724 GULF TO BAY BOULEVARD
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

PAPA, DAVID A
1724 GULF TO BAY BOULEVARD
CLEARWATER, FL 33755 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: DAVID A. PAPA

07/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIPE, R STANLEY
Address: 1724 GULF TO BAY BOULEVARD
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM () Delete
Name: PAPA, DAVID
Address: 1724 GULF TO BAY BOULEVARD
City-St-Zip: CLEARWATER, FL 33755

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: R. STANLEY GIPE

MGRM

07/05/2005

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