

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045086

FILED
Jul 02, 2004
Secretary of State

Entity Name: ALL CARE PAIN MANAGEMENT CENTER, LLC

Current Principal Place of Business:

2205 HICKORY RIDGE DRIVE
VALRICO, FL 33594

New Principal Place of Business:

1105 53RD AVE EAST
SUITE 201
BRADENTON, FL 34203

Current Mailing Address:

2205 HICKORY RIDGE DRIVE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 35-2220197 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEIL S. SCHECHT, PA
3630 W. KENNEDY BLVD.
TAMPA, FL 33609 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: SKOLNICK, STEPHEN J
Address: 2205 HICKORY RIDGE DRIVE
City-St-Zip: VALRICO, FL 33594

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: STEPHEN J. SKOLNICK

MR

07/02/2004

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