2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# L04000016975

Entity Name: ATLANTIS PAIN CARE, LLC

Current Principal Place of Business:

2194 HIGHWAY A1A, SUITE 104
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

2194 HIGHWAY A1A, SUITE 104
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 20-1017450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KATHERINE L ESQ.
C/O ICARD, MERRILL, CULLIS, ET AL
2033 MAIN STREET, SUITE 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: MM ( ) Delete
Name: ATLANTIS PAIN CARE,, INC
Address: 4931 80TH AVE. CIR. E.
City-St-Zip: SARASOTA, FL 34243

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 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 LESTER MM 02/27/2008

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