

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028436

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** SPACE COAST PAIN INSTITUTE, LLC

**Current Principal Place of Business:**

701 WEST COCOA BEACH CAUSEWAY  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 320069  
COCOA BEACH, FL 32732

**New Mailing Address:**

P.O. BOX 320069  
COCOA BEACH, FL 32932

**FEI Number:** 20-0478898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEAN MEAD SERVICES, LLC  
800 NORTH MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CHRISTOPHER, VONDERHEIDE  
Address: P O BOX 320069  
City-St-Zip: COCOA BEACH, FL 32932

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: CHRISTOPHER VONDERHEIDE

MGR

04/25/2005

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