2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L04000028808

Entity Name: ORLANDO PAIN & MEDICAL REHABILITATION CENTER, MW, LLC

Current Principal Place of Business:

8133 CANYON LAKE CIRCLE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

8133 CANYON LAKE CIRCLE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 06-1722639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, STEVEN C
100 DETMAR DR
WINTER PARK, FL 32789 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: MGR ( ) Delete
Name: WYNNE, F
Address: 8133 CANYON LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: PRES ( ) Delete
Name: BURNS, STEVEN C
Address: 100 DETMAR DRIVE
City-St-Zip: WINTER PARK, FL 32789

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 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: F. WYNNE MGR 01/16/2009

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