

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044548

FILED
May 17, 2005
Secretary of State

Entity Name: NATURECOAST PAIN ASSOCIATES, L.C.

Current Principal Place of Business:

70 N. LECANTO HIGHWAY
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

70 N. LECANTO HIGHWAY
LECANTO, FL 34461

New Mailing Address:

120 SE 2ND AVE.
CRYSTAL RIVER, FL 34429

FEI Number: 20-1570932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

FALLOWS, C. MARK
70 N. LECANTO HIGHWAY
LECANTO, FL 34461 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MBR () Change (X) Addition
Name: FALLOWS, C. MARK
Address: 70 N. LECANTO HWY.
City-St-Zip: LECANTO, FL 34461

Title: MBR () Change (X) Addition
Name: HASHIM, MARK N
Address: 70 N. LECANTO HWY.
City-St-Zip: LECANTO, FL 34461

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: C. MARK FALLOWS, D.O.

MBR

05/17/2005

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