

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044548

FILED
Apr 24, 2008
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:

70 N LECANTO HWY
LECANTO, FL 34461

Current Mailing Address:

120 SE 2ND AVE.
CRYSTAL RIVER, FL 34429

New Mailing Address:

70 N LECANTO HWY
LECANTO, FL 34461

FEI Number: 20-1570932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLOWS, C. MARK
70 N. LECANTO HIGHWAY
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

FALLOWS, C M
70 N LECANTO HWY
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: C M FALLOWS

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () 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 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: C M FALLOWS

MGRM

04/24/2008

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