2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# L04000055530

Entity Name: PAIN CARE OF CLEARWATER, LLC

Current Principal Place of Business:

493180TH AVE. CIR. E
SARASOTA, FL 34237

New Principal Place of Business:

13555 AUTOMOBILE BLVD
SUITE 400
CLEARWATER, FL 33764

Current Mailing Address:

493180TH AVE. CIR. E
SARASOTA, FL 34237

New Mailing Address:

13555 AUTOMOBILE BLVD
SUITE 400
CLEARWATER, FL 33764

FEI Number: 20-1420172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

SMITH, KATHERINE L ESQ
ICARD, MERRILL, CULLIS, TIMM, ET AL
2033 MAIN STREET, STE. 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/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MM ( ) Change (X) Addition
Name: PAIN CARE OF CLEARWA, TER, INC.
Address: 4931 80TH AVE. CIR. E
City-St-Zip: SARASOTA, FL 34243

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: KENNETH T. LESTER, JR. PRES 05/01/2005

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