2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# L04000077057

Entity Name: PAIN MEDICINE INSTITUTE, PLLC

Current Principal Place of Business:

8223 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Principal Place of Business:

6815 14TH STREET WEST
SUITE 204
BRADENTON, FL 34207

Current Mailing Address:

P.O. BOX 2014
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 20-1785919 **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:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. ( ) Change (X) Addition
Name: PRIEWE, RAYMON D D.O.
Address: 8223 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

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: RAYMON D. PRIEWE, D.O. DR. 06/29/2005

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