

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077057

FILED
May 04, 2006
Secretary of State

Entity Name: PAIN MEDICINE INSTITUTE, PLLC

Current Principal Place of Business:

6815 14TH STREET WEST
SUITE 204
BRADENTON, FL 34207

New Principal Place of Business:

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:

Name and Address of New Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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/MANAGERS:

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMON PRIEWE

DO

05/04/2006

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