

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077057

FILED
Jan 24, 2007
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 ()

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

ADDITIONS/CHANGES:

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: CHERIE SMITH

MGR

01/24/2007

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