

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000077057

**FILED**  
**Jan 27, 2011**  
**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:**

BLALOCK WALTERS, 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: CLIFFORD L WALTERS

01/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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

MBR

01/27/2011

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