

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077057

FILED
Jan 27, 2012
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, 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.
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: CLIFFORD L WALTERS

P

01/27/2012

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