

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010085

FILED
Jul 05, 2006
Secretary of State

Entity Name: PAIN MEDICINE CONSULTANTS OF THE GULF COAST, LLC

Current Principal Place of Business:

3920 BEE RIDGE ROAD, BUILDING E, STE F
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

3920 BEE RIDGE ROAD, BUILDING E, STE F
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 59-3460770 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:

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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:

Title: MGR () Delete
Name: JAMES, BRIAN C
Address: 3920 BEE RIDGE ROAD, BUILDING E, STE F
City-St-Zip: SARASOTA, FL 34233

Title: MGR (X) Delete
Name: BEDDER, MARSHALL D
Address: 3920 BEE RIDGE ROAD, BUILDING E, STE F
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

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

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: BRAIN C JAMES

MGR

07/05/2006

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