

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010085

FILED  
Jan 04, 2011  
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 ( )

**Name and Address of Current Registered Agent:**

MOORE, JOHN L  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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: MGR  
Name: JAMES, BRIAN C  
Address: 3920 BEE RIDGE ROAD, BUILDING E, STE F  
City-St-Zip: SARASOTA, FL 34233

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: BRIAN C JAMES

MGR

01/04/2011

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