



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

FILE

DOCUMENT # L05000013328					
1. Entity Name HEALTH VENTURES PAIN MANAGEMENT, LLC					
Principal Place of Business 1401 CENTERVILLE ROAD, SUITE 210 TALLAHASSEE, FL 32308			Mailing Address 1401 CENTERVILLE ROAD, SUITE 210 TALLAHASSEE, FL 32308		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  DAVIS, JUDY 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALLAHASSEE MEMORIAL HEALTH VENTURES, INC. 1401 CENTERVILLE ROAD, SUITE 210 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400101628464 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/07/07--01003--001 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			William A. Giudice 4/30/07 850-431-5238		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		