

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:02

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

04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, JUDY  
1300 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete  
NAME TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.  
STREET ADDRESS 1401 CENTERVILLE ROAD, SUITE 210  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
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CITY-ST-ZIP

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:

*[Signature]*

William A. Giudice 4/30/08 850-431-5238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #