

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049608

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: BACK PAIN SOLUTIONS, LLC

**Current Principal Place of Business:**

804 W. BLOOMINGDALE AVENUE  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

804 W. BLOOMINGDALE AVENUE  
BRANDON, FL 33511 US

**New Mailing Address:**

FEI Number: 20-2858983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LASMAN LAW FIRM, P.A.  
804 W. BLOOMINGDALE AVENUE  
BRANDON, FL 33511 US

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

GENDREAU, CAROLYN J MGRM  
804 W. BLOOMINGDALE AVENUE  
BRANDON, FL 33511 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: CAROLYN J. GENDREAU

01/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GENDREAU, CAROLYN J  
Address: 804 W. BLOOMINGDALE AVENUE  
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM ( ) Delete  
Name: GIFFORD, KOGER BLAINE  
Address: 804 W. BLOOMINGDALE AVENUE  
City-St-Zip: BRANDON, FL 33511

**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: CAROLYN J. GENDREAU

MGRM

01/18/2007

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