## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000059315

Entity Name: FIRST COAST PAIN MANAGEMENT, L.L.C.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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960194 GATEWAY BLVD SUITE 106 FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

960194 GATEWAY BLVD SUITE 106 FERNANDINA BEACH, FL 32034

FEI Number: 51-0545097 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PEEK, DAVID H 1301 RIVERPLACE BOULEVARD, SUITE 1609 JACKSONVILLE, FL 32207 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: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GEORGE, DENNIS A
 Name:

 Address:
 8270 HEDGEWOOD DR.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS A GEORGE MGR 01/08/2008