2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L05000059315

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

Current Principal Place of Business:

960194 GATEWAY BLVD
SUITE 106
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

960194 GATEWAY BLVD
SUITE 106
FERNANDINA BEACH, FL 32034

New Mailing Address:

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

Name and Address of Current Registered Agent:

PEEK, DAVID H
1301 RIVERPLACE BOULEVARD, SUITE 1609
JACKSONVILLE, FL 32207 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 ( ) Delete
Name: GEORGE, DENNIS A
Address: 8270 HEDGEWOOD DR.
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
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: CLAUDIA GUEST MRS 01/22/2009

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