

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065767

FILED
Apr 04, 2008
Secretary of State

Entity Name: PAIN RELIEF MANAGEMENT GROUP LLC

Current Principal Place of Business:

1161 NW 99TH AVENUE
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1161 NW 99TH AVENUE
PLANTATION, FL 33322

New Mailing Address:

PO BOX 292456
DAVIE, FL 33329

FEI Number: 20-3090486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, LEONA J
4321 NW 7TH STREET
PLANTATION, FL 33317 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: HARRISON, CALVIN
Address: 1161 NW 99TH AVENUE
City-St-Zip: PLANTATION, FL 33322

Title: MGR () Delete
Name: HARRISON, MARY
Address: 1161 NW 99TH AVENUE
City-St-Zip: PLANTATION, FL 33322

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 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: CALVIN HARRISON

MGR

04/04/2008

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