

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067812

Entity Name: PAIN CARE OF OCALA LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

3301 SW 34 CIRCLE STE # 203
OCALA, FL 34474

New Principal Place of Business:

3301 SW 34 CIRCLE
SUITE # 203
OCALA, FL 34474

Current Mailing Address:

20394 SW AUDUBON AVE.
DUNNELLON, FL 34431

New Mailing Address:

FEI Number: 42-1675860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STANTON, RICHARD
150 NW 183RD STREET, SUITE 200
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

STANTON, RICHARD
150 NW 183RD STREET
SUITE 200
MIAMI, FL 33169 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CORCORAN, MARIA
Address: 20394 SW AUDUBON AVE
City-St-Zip: DUNNELLON, FL 34431

Title: MGRM () Delete
Name: ZARCONI, RICHARD
Address: 4214 HARTFORD LAKE DRIVE
City-St-Zip: TAMPA, FL 33619

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: MARIA E CORCORAN

MGR

04/16/2009

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