

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067812

**FILED**  
**May 03, 2012**  
**Secretary of State**

**Entity Name:** PAIN CARE OF OCALA LLC

**Current Principal Place of Business:**

3301 SW 34 CIRCLE  
SUITE # 203  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

20394 SW AUDUBON AVE.  
DUNNELLON, FL 34431

**New Mailing Address:**

3301 SW 34 CIRCLE  
SUITE # 203  
OCALA, FL 34474

**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:**

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:** MGRM  
**Name:** CORCORAN, MARIA  
**Address:** 20394 SW AUDUBON AVE  
**City-St-Zip:** DUNNELLON, FL 34431

I hereby 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 CORCORAN

MGRM

05/03/2012

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