

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102139

FILED
Jul 31, 2008
Secretary of State

Entity Name: THE LAST RESORT PAIN TREATMENT CENTER, LLC

Current Principal Place of Business:

4406 S. FLORIDA AVE.
SUITE 16
LAKELAND, FL 33813 US

New Principal Place of Business:

3809 OLD 5TH AVENUE
ZEPHYRHILLS, FL 33542 US

Current Mailing Address:

4406 S. FLORIDA AVE.
SUITE 16
LAKELAND, FL 33813 US

New Mailing Address:

PO BOX 5551
LAKELAND, FL 33807 US

FEI Number: 20-3684880 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKITRICK, W. LANCE DDS, MD
4406 S. FLORIDA AVE.
SUITE 16
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

MCKITRICK, W. LANCE DDS, MD
6507 CRESCENT LAKE DR
LAKELAND, FL 33813 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:

07/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLOUGHER, JEANNE
Address: PO BOX 405
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCKITRICK, W. LANCE MD
Address: PO BOX 5551
City-St-Zip: LAKELAND, FL 33807 US

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: W. LANCE MCKITRICK

MGRM

07/31/2008

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