2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

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Entity Name: TRINITY PAIN MANAGEMENT, PL

Current Principal Place of Business:

1814 WELLESS LN
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1814 WELLESS LN
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 20-3912279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR
625 COURT STREET STE 200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

SHIKARPURI, SHAN
33920 US HWY 19 N
SUITE 290
PALM HARBOR, FL 34684 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: SHAN SHIKARPURI 04/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SAID, NADER
Address: 1814 WELLNESS LN
City-St-Zip: NEW PORT RICHEY, FL 34652

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: NADER SAID MGRM 04/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date