2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L05000113399

Entity Name: TRINITY PAIN MANAGEMENT, PL

Current Principal Place of Business:

1814 WELLESS LN
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

8115 STATE RD. 54
NEW PORT RICHEY, FL 34655

Current Mailing Address:

1814 WELLESS LN
NEW PORT RICHEY, FL 34655

New Mailing Address:

8115 STATE RD. 54
NEW PORT RICHEY, FL 34655

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

Name and Address of Current Registered Agent:

SHIKARPURI, SHAN
33920 US HWY 19 N
SUITE 290
PALM HARBOR, FL 34684 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 ( ) Delete
Name: SAID, NADER
Address: 1814 WELLNESS LN
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SAID, NADER
Address: 8115 STATE RD. 54
City-St-Zip: NEW PORT RICHEY, FL 34655

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 03/13/2009

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