2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

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Entity Name: TRINITY PAIN MANAGEMENT, PL

Current Principal Place of Business:

8115 STATE RD. 54
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

8115 STATE RD. 54
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:

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
Name: SAID, NADER
Address: 8115 STATE RD. 54
City-St-Zip: NEW PORT RICHEY, FL 34655

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 Statues.

SIGNATURE: NADER SAID, MD MGRM 04/06/2010

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