

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113399

FILED
Mar 16, 2012
Secretary of State

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 Statutes.

SIGNATURE: NADER SAID

MGRM

03/16/2012

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