

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030721

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** PAIN DIAGNOSTIC & MANAGEMENT CENTER, LLC

**Current Principal Place of Business:**

537 E. CENTRAL AVENUE, SUITE B  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

537 E. CENTRAL AVENUE, SUITE B  
WINTER HAVEN, FL 33880

**New Mailing Address:**

110 CAMPBELL DRIVE  
WINTER HAVEN, FL 33884

**FEI Number:** 59-3467482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HONCULADA, ALLAN C  
537 E. CENTRAL AVENUE, SUITE B  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

HONCULADA, CAROLINE C  
110 CAMPBELL DRIVE  
WINTER HAVEN, FL 33884 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:** CAROLINE HONCULADA

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** HONCULADA, ALLAN C  
**Address:** 537 E. CENTRAL AVENUE, SUITE B  
**City-St-Zip:** WINTER HAVEN, FL 33880

**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:** CAROLINE HONCULADA

MGR

01/15/2009

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