

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030721

FILED
Jan 13, 2011
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:

110 CAMPBELL DRIVE
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 59-3467482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HONCULADA, CAROLINE C
110 CAMPBELL DRIVE
WINTER HAVEN, FL 33884 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: MGR
Name: HONCULADA, ALLAN C
Address: 537 E. CENTRAL AVENUE, SUITE B
City-St-Zip: WINTER HAVEN, FL 33880

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: CAROLINE HONCULADA

DR.

01/13/2011

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