

FILED
Aug 22, 2007 8:00 am
Secretary of State

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DOCUMENT # L06000072190

1. Entity Name

PAIN MANAGEMENT ASSOCIATES, LLC

Principal Place of Business

567 AVENUE K, S.E.
WINTER HAVEN FL 33884
33884

Mailing Address

567 AVENUE K, S.E.
WINTER HAVEN FL 33884
3384

2. Principal Place of Business - No P.O. Box #

2400 Dundee Rd

3. Mailing Address

2400 Dundee Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

FL

Zip

33884

Country

USA

Zip

33884

Country

USA

6. Name and Address of Current Registered Agent

VILLARREAL, JORGE R
567 AVENUE K, S.E.
WINTER HAVEN FL 33884
2400 Dundee Rd
33884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

7-31-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

7/31/07 (863) 293-8471

4
 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

ATTACHMENT

30012478

#LC6000072190

X

Date of this notice: 07-28-2006

Employer Identification Number:
20-5242561

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at
1-800-829-4933


PAIN MANAGEMENT ASSOCIATES LLC
JORGE R VILLARREAL MANAGING MBR
567 AVENUE K SE
WINTER HAVEN FL 33881

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5242561. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2007

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)