2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L06000087123

Entity Name: PORT ST. LUCIE PAIN MANAGEMENT, PLLC

Current Principal Place of Business:

8241 SOUTH US1
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

3618 LANTANA ROAD
SUITE 200
LAKE WORTH, FL 33462 US

New Mailing Address:

FEI Number: 20-5665242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARY W ROBERTS & ASSOC
1675 PALM BEACH LAKES BLVD 7TH FLR
WEST PALM BEACH, FL 33401 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 ( ) Delete
Name: ROGERS, ANTHONY G M.D.
Address: 3818 LANTANA ROAD
City-St-Zip: LAKE WORTH, FL 33462 US

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: ANTONY G ROGERS MD MGR 01/13/2009

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